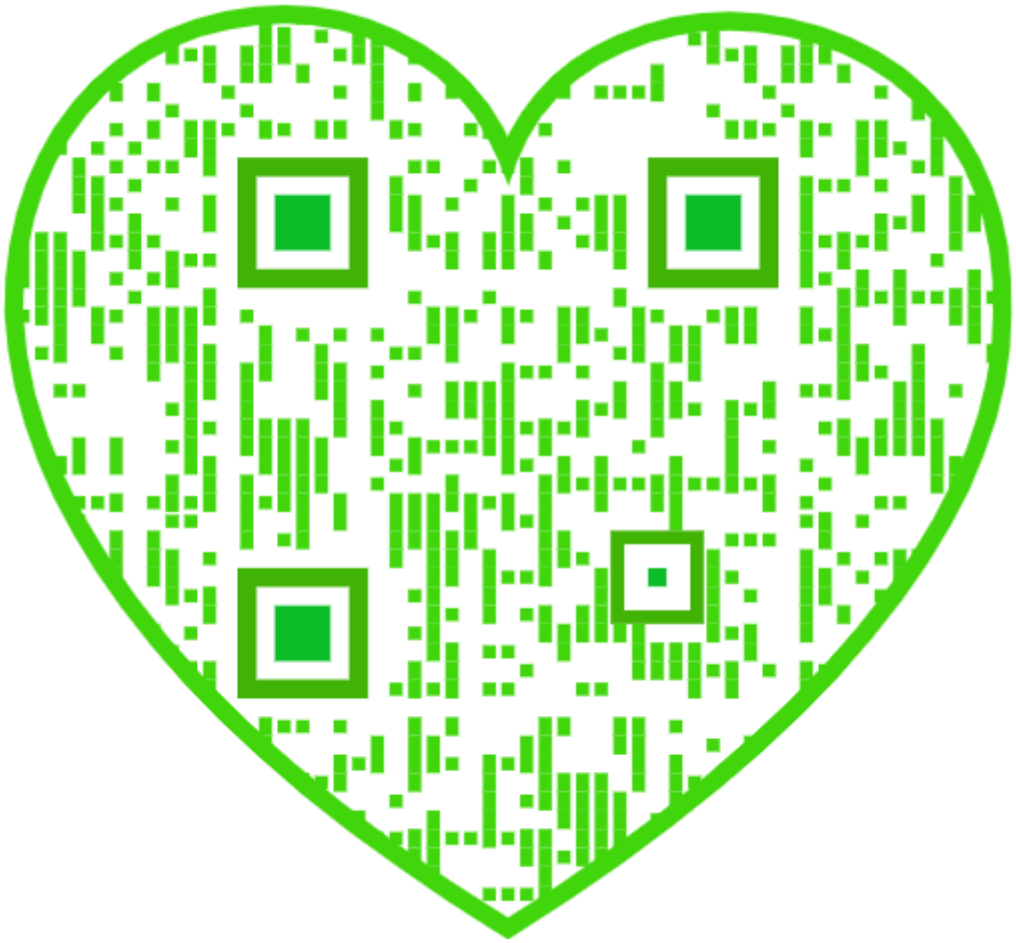
HYPNOTISM AND DISEASE

H. CRICHTON MILLER

STUDIES IN PRACTICAL PSYCHOTHERAPY



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HYPNOTISM AND DISEASE

A PLEA FOR RATIONAL PSYCHOTHERAPY

BY

HUGH CRICHTON MILLER, M.A., M.D.

(EDIN. AND PAVIA)

WITH AN INTRODUCTION BY

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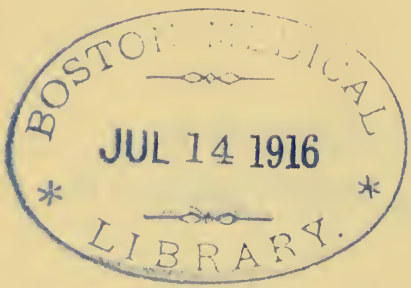

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To my Wife,

WHO HAS ALWAYS BEEN

MY MOST HELPFUL AND FEARLESS CRITIC,

I DEDICATE THIS BOOK

THE AUTHOR'S PREFACE

THIS volume is intended to supply a need which I am convinced exists. I know of no book in our language which presents the main features of Psychotherapy in a form suitable for the intelligent lay reader of either sex.[1] I therefore make no apology for its appearance. I venture to hope, however, that it will be of use to those of my colleagues who are anxious to attain a general understanding of the subject. If so, I trust that they will feel their interest sufficiently stimulated to proceed to a further study, by reading some of the excellent text-books available. I take this opportunity of recording my warm thanks to Mr. Fisher Unwin for his "susceptibility to my suggestions," to my wife and to Mr. W. Gibson for invaluable help in revision and proof-correcting, and to Miss K. Pilkington for preparing the Index.

H. CRICHTON MILLER.

88, PARK STREET, W.

[1] Since the above went to press my friend Dr. Betts Taplin has brought out an excellent little volume, entitled "Hypnotism," upon these lines.

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INTRODUCTION

It gives me great pleasure to accede to Dr. Crichton Miller's request to write a short introduction to his book on psychotherapeutics. Though a great deal of literature has appeared on the subject during the last few years, there still exists, I think, the need of a book written on the lines adopted by Dr. Miller—lines which appeal to the intelligent layman as well as to the physician. One is often asked questions as to the rationale of hypnotism and the scope of medical suggestion in practice. It is not easy to answer such questions with brevity and accuracy, and thanks are therefore due to Dr. Miller for placing this book in our hands.

The time is particularly well chosen for its publication, for the subject of psychotherapy is in the air, and one sees references to it on all sides. Many of the explanations given of so-called miraculous cures are thoroughly unsatisfactory and unscientific, but it does not help matters to deny

their reality or to simply ridicule the means adopted. After all, the first aim of the physician is to cure his patient, and it seems a matter of unreasonable prejudice to prefer nux vomica to hypnotic suggestion in achieving one's object. But prejudice has to a great extent ceased to exist during the last few years, and I remember how difficult it was to get a fair hearing even twenty years ago. Much of this change of professional feeling has been brought about by the growth of outside systems of treatment, such as Christian Science. So far as there is any reality in the cures effected by such systems, the explanation is afforded by suggestion acting through a receptive mind. The object of hypnotism, as taught in this book, is to render the mind receptive and capable of influencing function. We contend, therefore, that hypnotic suggestion offers an honest and scientific explanation of phenomena which used formerly to puzzle the investigator; and one sees everywhere, within as well as outside the profession, that such an explanation is welcome. A merit of Dr. Miller's exposition is its avoidance of extreme partisanship. Though an invaluable remedy, and one which fills a place nothing else can, we do not consider it of universal application.

I recently asked a medical friend in large general country practice, and of very enlightened

views, whether he would rather dispense with aspirin or with hypnotism in his daily rounds. He replied that it was a hard question, for aspirin happens to be his favourite drug at present, but he thought he could find efficient substitutes for it, whereas he was sure he came across many cases for which hypnotism was the only remedy.

That is the position taken up by Dr. Crichton Miller, and must appeal to every thoughtful physician. Fortunately, the necessity is not laid upon us of discarding either remedy, and the enlightened practitioner will avail himself of every weapon against disease.

Dr. Miller has made the somewhat daring innovation in England of collective hypnotisation, and he finds this practice distinctly helpful in many cases. This is set forth in his book. Another innovation is the systematic employment of bromides and other sedative drugs as an aid to hypnosis and preparation for suggestion. This "combined method," which has been fully discussed before several medical societies, is of great value, and is destined to be used in many intractable cases, especially in the treatment of alcoholism and drug habits.

My experience bears out Dr. Miller's in nearly all particulars, and it follows with exactitude many minor details. For instance, I have also found schoolmasters and schoolmistresses particularly

good subjects for hypnotic treatment. Discipline and education of self are as important factors in the rôle of patient as in other conditions of life, and the way in which suggestions are received affords a striking clue to character and temperament. With enlarged understanding of the subject we shall, I am sure, see increased confidence in the suitable employment of psychotherapeutics.

CHARLES LLOYD TUCKEY.

June, 1912.

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Hypnotism and Disease

CHAPTER I

GENERAL SURVEY

AGASSIZ is credited with the dictum that "every scientific discovery passes through three phases —first, it is contrary to Scripture; second, it is not really new; third, the public had always believed it."

More than fifty years ago the science of hypnotism passed out of the first of these stages, and since then it has been treated as an old discovery of no intrinsic value. To-day it is passing into the third phase, and as its value is demonstrated to men they answer that they always knew it to be a most useful method of treatment. But this popular acceptance is being but slowly and grudgingly extended to hypnotic treatment by a public that is tired of hearing on the one hand optimistic speculations of its potentiality for good, and on the other hand pessimistic accounts of its failure in actual practice.

As science advanced it demanded more and more that all healing should be scientific ; it uprooted one superstition after another on the ground, that being inexplicable by science, it must be unscientific, and in so doing, it condemned much that has since been shown to be scientific. Science in Huxley's time had reached that stage of positivism at which it said, "What we can explain we believe, what we can't explain we reject." Fortunately the pendulum has begun to swing the other way, and with the continuous growth of physical science we have the development of a more truly scientific spirit which says, "What can be proved we accept ; if we cannot explain it we shall search for an explanation." In other words, the science of the last generation lacked that sense of its own limitations which is the necessary attribute of all true science.

The development of scientific medicine during the nineteenth century involved of necessity the division of the healing art into two classes, scientific and unscientific—legitimate and illegitimate—ethical and non-ethical. On the one side was placed every method the rationale of which the science of the day was, or imagined it was, able to explain ; into the limbo of quackery on the other side was cast every form of treatment that failed to pass the test. But that test was, and still is, and always will be, varying ; for every

new discovery of science may explain the *modus operandi* of some irregular form of treatment, or may prove the inaccuracy of a previously accepted explanation.

Now as it is obvious that physical science as applied to disease has attained a much greater development than mental science, it follows that Science has been more uncompromising and more unjust in its attitude towards the methods of mental healing than it has been in regard to physical cures. This attitude is fortunately changing; psychology, from the larval state of philosophic speculation, is growing into a science with some pretensions to exactitude, and with this growth there comes, slowly but inevitably, the scientific recognition of certain forms of psychic treatment which till recent years have laboured under the unconditional condemnation of so-called scientific men. Let us first examine in detail the factors which go to make up the attitude of the public, and then those which determine the position of the medical profession.

The public has always been, and will always be, ready to accept a cure at its face value. The critical examination of evidence tends to be deficient. For example, Mrs. Smith's rheumatism improves vastly three weeks after she began to wear her anti-rheumatic ring; *post hoc, ergo propter hoc; ergo,* anti-rheumatic rings cure

rheumatism ; *ergo*, Mrs. Smith's nephew who has such terrible shooting pains in his legs must be persuaded to wear one of these wonderful rings. This simple line of argument is as fallacious as it is usual with the public in general. It leaves out of account the fact that Mrs. Smith had stopped eating sweets a fortnight before she began to wear the ring ; that the weather had become much milder about the same time ; that what may cure one form of rheumatism will not necessarily cure another ; that the nephew's pains were due, not to rheumatism but to incipient locomotor ataxia, and so on.

This, then, is the first and most important point to observe : the proneness of the public to accept unsatisfactory evidence of cure, and its habit of arguing from the particular to the general. The medical profession, trained to scientific thought, has fully recognised its duty of correcting as far as possible this dangerous trait of public thought—the major fallacy of credulity—but in its turn it seems to go too far, for it is even ready to assume the opposite attitude, and deny absolutely that any one ever got any good from an anti-rheumatic ring. We shall see later on wherein lies the possibility of benefit accruing from such an appliance, and it is the ignoring of this side of the question which constitutes the minor fallacy of incredulity. The attitude of the public is

thoroughly unscientific ; that of the profession is not scientific enough. The doctors call the public superstitious, but they forget the words of Lord Bacon that "there is a superstition in avoiding superstition."

In general, then, these are the usual attitudes of the public and the profession towards quackery. Towards mental healing of all kinds these attitudes have been, until quite recently, identical, and not unnaturally. The public saw a cripple cured by a faith-healer, and inferred that faith can cure paralysis ; the doctor, knowing the pathology and causation of paralysis, said : "Faith cannot remove a clot on the brain, or regenerate a wasted nerve ; the paralysis that is cured by a faith-healer is no true paralysis." Thus the two fallacies were applied again to mind-cure, as they are to all forms of quackery.

But of late years the public has become more insistent ; it has seen faith-healing succeed ; it has watched the growth of New Thought ; it has accepted a great number of cures wrought by Eddyism ; it has witnessed real triumphs in certain cases worked by qualified psychotherapists, and it will no longer be put off by the easy and simple denunciation of the profession. The public in the last fifteen years has seen enough health restored by psychic means to demand something more satisfactory in the attitude of the doctors.

On the other hand, the profession—more slowly, it is true—is finding it possible to alter its attitude as psychology advances, and opens up a scientific explanation for certain of these cures. But at all points the doctor is hampered. It is much easier for him to assume the inaccuracy of any story that he hears of a cure by mental treatment than to set to work personally and investigate the case. He is accustomed to accept as valid proof of the worth of any remedy only two classes of evidence—that which he meets in medical literature, and that which he gathers for himself. Obviously mental treatment is still largely without such support. Furthermore, he is hampered by his complete ignorance on the subject; if during the five or six years of his professional training he heard a single reference to psychotherapy or to hypnotism, it was probably in the nature of a passing sneer. He has never met any one who practised it, and to him the whole subject is outside the pale of his professional equipment. So it follows that the entire field of mental healing is looked at askance, and the doctor knows very well that once he begins to dabble in these things he will expose himself to the chaff of his colleagues, the suspicion of some of his patients, and possibly the secession of others. He finds, in short, that it does not pay to go into the question too much.

Again, the medical man, be he ever so well disposed, may well complain that the whole subject of mental therapeutics has been until recently in a very disordered state. The literature in our language is not extensive; much of it is unsatisfactory, and on many points contradictory views are expressed.

Considering all these facts, we cannot wonder if public opinion requires enlightenment in regard to psychotherapy, nor yet can we blame the medical profession entirely if it has failed to provide that enlightenment. Of the hostility of the medical profession towards mind-healing there is little need to cite examples, but that this prejudice is declining may be seen by the following instances :—

In January, 1909, Sir Dyce Duckworth, in the course of a lecture denouncing Christian Science, is reported to have said : "Mental healing has a recognised and long-acknowledged basis of truth and fact, and may be employed by honourable and skilled doctors who have the gift and power to use it."

Sir William Osler, in an address delivered before the Ontario Medical Association in June, 1909, said : "Much more attention should be paid to the important subject of psychotherapy. It is not every teacher who has a special gift for this work, but if the professor himself does not possess it

he should at any rate have sense enough to have an assistant familiar with, and interested in, the modern methods. How many of our graduates have been shown how to carry out a Weir-Mitchell treatment, or to treat a patient by suggestion?"

Sir G. H. Savage, in his Harveian Oration of 1909, used the following words: "I feel strongly that the time has now come when we must face the fact that in all directions there is a tendency towards credulity. We have witnessed the recrudescence of pilgrimages, the influence of theosophy, Christian Science, and mysticism in general. It is time that some attempt should be made to sift the wheat from the chaff, and in a calm consideration of the facts connected with hypnotism and experimental science I believe that a real advance can be made. I may preface my remarks in reference to hypnotism by saying that I began with doubt, passed into a stage of indifference, and now have reached the stage of hope."

From three leaders of medical thought in our country words such as these, all uttered within the same year, cannot fail to carry weight. If men like Sir Dyce Duckworth, Professor Osler, and Dr. Savage have "reached the stage of hope," surely we may expect to see the rank and file of the profession adopting an attitude of less indifference or hostility on the subject. It has been said that prejudice is ignorance educated, and as long

as medical men are educated in other branches of treatment, and left in ignorance of this branch, so long will the progress be slow.

During the six years of his medical education the writer heard two references to psychic treatment—the one from a professor of medicine, who said: "As to hypnotism, gentlemen, take my advice—don't do it." The other was from an assistant physician in the hospital, who said of a semi-maniacal patient, "You should try to hypnotise that girl," but no help or advice as to the *modus operandi* was vouchsafed.

So long as our medical schools are silent on the subject, the progress of thought throughout the profession is bound to be slow, for it is only those keener spirits who of their own accord take up the study after graduation who can be expected to hold reasonable views thereon, while it is obvious that only a most limited and inadequate number of doctors can ever become skilled in the different forms of treatment. Milne Bramwell rightly says: "Suggestion ought to be a subject of keen interest to the physiologist, the psychologist, and the medical practitioner. Certainly at the present day medical men can neither afford to ignore a legitimate and valuable form of treatment nor allow it to fall into the hands of unscrupulous and dangerous quacks."

As a further result of this deplorable absence

of psychic education in our medical curricula, it must be admitted that some of those who have devoted themselves to mental therapeutics have drifted into the stage of monomania, in which they can see no disease that cannot be benefited by psychic methods, and few that can benefit from physical treatment. As has always been the case in the establishment and recognition of new methods, the truth is to be found in a compromise lying somewhere about midway between the prejudice of the majority and the fanaticism of the minority. Bacon says: "The human mind . . . makes a science to its taste; for the truth that man most willingly receives is the one he desires;" and so it is but natural that, given this deficiency in his medical training, the average medical man of to-day should incline to depreciate or oppose a form of treatment with regard to which he feels his own ignorance and impotence. It is far easier for the general practitioner to treat his neurasthenics with bromides and massage, to scoff condescendingly at the cures of Christian Science, and to say that he has never seen any permanent good come from hypnotic suggestion, than to gird his loins and educate himself to even a moderate degree of proficiency in psychotherapy.

> "There is some soul of goodness in things evil,
> Would man observingly distil it out."

But the process of distilling is not altogether an easy one, and it is obviously wrong that it should be left entirely to the individual efforts of qualified medical men instead of forming an important part of the doctor's education.

The present volume is addressed to the thinking layman who wants a simple statement of the present position of the subject, and to the open-minded doctor who, not having studied the subject for himself, is willing to make a preliminary survey of the field. Its aim will be to provide an intelligent standpoint from which to judge the chief problems pertaining to mental treatment, to demarcate, if possible, the limits and extent of quackery, and to show how much real quackery passes as sound practice, while a great deal of honest treatment is unjustly condemned as charlatanry. At the same time it may be as well to point out clearly that this is not intended to serve as a text-book of hypnotism, of which there are several already available ; methods of mental treatment and examples of cases will be described only to enable the reader to appreciate more clearly the universal application of the few fundamental laws connected with the subject. Nor is it intended to demonstrate the author's skill and prowess in psychic treatment, and for this reason the cases quoted will be for the most part selected from the literature of the subject, the writer's own cases

being only referred to when they appear to illustrate a point better than do the cases of other observers.

We now pass on to the consideration of a few prevalent misconceptions in connection with our subject.

The first of these deals with so-called *imaginary ailments*. A patient has complained for years of, let us say, neuralgia. Her doctor has tried sedatives and tonics, massage and electricity, mineral spring and dietetic treatment. No permanent good has been done. At last the patient is persuaded to put herself in the hands of some irregular practitioner. Whether he be Osteopath, Christian Scientist, or vendor of galvanic rings matters not. The patient is suddenly, completely, and to all appearance permanently, cured. When sufficient time has elapsed to test the cure the doctor is confronted with the facts; he is not at all surprised, sneers gently, and says, "I knew all along that her symptoms were all imagination"; and having said this he feels he has pronounced his own absolution. But imaginary diseases are diseases of the imagination; and if the doctor knew it was a disease of the imagination, and felt he was not called upon to cure such a complaint, why did he continue to treat it as something else? If the event confirmed his private diagnosis, why did he not put the case

in the hands of a physician qualified to treat such cases and ready to accept the onus of attaining a cure if possible? Medical men nowadays complain loudly and bitterly of the inroads of quackery upon the domain of healing. They blame the public for being credulous, the quack for being unscrupulous, and the law for being lax, but they do not realise that the happy hunting-ground of the charlatan is the vast field of imaginary diseases which they, in the service of orthodoxy, are compelled to treat as diseases of the body and not of the imagination.

The second point I would refer to is rather a fallacy than a misconception, and that is *the a priori attitude towards irregular cures*. Doctors are frequently asked questions like this : "I know a lady who for seven years has suffered from the most excruciating spinal neuralgia that made her life a burden ; she is now perfectly well and says that she has cured herself by wearing a fiddle-string tied round her little finger. Now, do you think that possible?" The doctor, as likely as not, replies : "I am afraid not ; if she really had spinal neuralgia you will find there was some other reason for the cure ; perhaps she went to live in a healthier neighbourhood, or changed her diet, but certainly a fiddle-string can't cure neuralgia." Now, in a case like this, where the symptoms of disease are entirely subjective, the

evidence of cure can only be subjective, and therefore when the patient says she is cured, she *is* cured. The fact that a fiddle-string is an inert talisman, incapable of producing any physical effect on the body, is neither here nor there. For seven years the patient said she was ill, now she says she is well, and therefore she is cured, temporarily or permanently, as the case may be, but the absurdity of the alleged curative agent is no ground for doubting the fact of the cure. The evidence of pre-existent disease is one thing, the evidence of restored health is another, and the question of the remedy that was effective is a third distinct and independent problem. The evidence which we accept as valid of disease we must also accept as valid of cure. If we believe a patient has headaches because he tells us so, we must believe him when he states that he has no headaches, although the cure is said to have been consequent on the administration of a bread pill. We believe a patient has diabetes because the analyst states the quantity of sugar being excreted, and if the sugar disappears after a course of hypnotic suggestion it is no use arguing that the analyst must have made a mistake. The alleged *method* of a cure is no evidence for or against that cure. Moll, in dealing with this subject, says : "The non-recognition of dogma distinguishes science from blind faith, but to say a fact is

impossible because it is opposed to the laws of nature is to dogmatise" And yet this is what medical men do every day; because they cannot explain a cure by what they are pleased to call the laws of nature they refuse not only to accept it, but often to investigate it farther. It is the strange contradiction of science that we should so often meet in those who are otherwise true scientists this wholly unworthy attitude of scientific dogmatism. And not the least surprising part of the paradox is that on this particular subject we find as much, if not more, dogmatism among the scientists than in the Church, despite the continual protests of science against the dogmatism of religion.

The third misconception that demands attention relates to the *meaning of the word "quack."*

The quack, in the opinion of the writer, is an individual who knowingly uses, for his own ends, unsuitable forms of treatment for disease. This definition may sound vague, but if analysed it will be found to cover the necessary points. According to our definition the quack is unscrupulous because he uses unsuitable means *knowingly*; by this he is differentiated from the monomaniac, the fanatic, and the self-deluded fool, who may all use unsuitable methods of treatment in the firm belief that they *are* suitable, and not for the sake of gain. The honest physician may be a fool—he can never be a quack. What he

does is done for his patient's recovery, and not solely for his own profit or aggrandisement. The quack is dominated by the love of gold or glory—generally the former.

Sanity, science, and sincerity are the three great requisites of the physician ; if he fail in the first he is a monomaniac, if in the second an ignoramus, but if he lack the third attribute then, and then only, is he a quack. By " unsuitable " is meant any form of treatment that is intrinsically worthless, or else one which, for the case in question, is unnecessarily tedious, costly, or elaborate, or which involves unnecessary risk, or offers less prospect of permanence than some other treatment.

Of cures that are intrinsically worthless there are comparatively few. Even the most brazen nostrum-vendor is dealing with a formula which might suit some case or other, but that does not justify his claim to have discovered the " Elixir of Life." But the application of valuable remedies to unsuitable cases is a failing not limited to the unqualified quack, but occurring, one must confess, within the ranks of the duly qualified, and not so seldom as might be supposed.

The Spa physician who orders a three weeks' course of baths and waters to a patient for whom he knows that the skilful and unbiassed doctor would have prescribed an ordinary mixture for

an incidental attack of rheumatism, is guilty of the sin of quackery in that the treatment is unnecessarily tedious. The continental doctor who persuades the credulous old English visitor that she is anæmic, that she requires a course of injections of iron, and that he must come in person daily for six weeks to administer the injections, is guilty of quackery in so far as the cost of the treatment exceeds that of a bottle of Blaud's pills. The electrical specialist who administers a course of high-frequency baths to do no more than gentian and nux vomica would have done, has unwarrantably substituted an elaborate for a simple form of treatment ; and if he did so knowingly the condemnation of the quack is his. The surgeon who, for the sake of adding to the list of his successful operations, proposes the removal of the appendix when a rhubarb pill might have wrought a cure, has taken a risk which he knew to be unjustified, and must be classed with the bone-setter as a charlatan. The psychotherapist who, for the sake of many sittings and as many fees, treats by hypnotic suggestion the mental depression of the patient who to his own knowledge would be cured and kept well by two blue pills a week, need not add his wail to that of his colleagues who protest that they are undeservedly looked down upon as charlatans by the more ignorant and bigoted section of the profession.

And yet no unbiassed and sensible medical man would deny the usefulness and suitability *in given cases* of Spa treatment, or injection of iron, of high-frequency baths, or removal of the appendix, or yet of hypnotic suggestion. In short, the perfect physician is the one who prescribes the most suitable remedy in every case.

The fourth misconception that we have to deal with, refers to *the meaning of psychotherapy*. To many the term conveys nothing at all ; to some it stands for treatment by hypnotism ; others, better informed, realise that treatment by suggestion does not necessarily involve hypnosis ; but very few accept the word in its exact significance —namely, *treatment by mental methods*—failing to appreciate the fact that the mind can be used to influence health in many ways that do not include suggestion. In a subsequent chapter hypnosis and suggestion will be clearly defined ; let it suffice to say here that persuasion is not suggestion, and suggestion is not persuasion. Each has its scope and its usefulness, each is a psychotherapeutic method, but the prevalent confusion between the two is most unfortunate. Persuasion deals entirely with the reason ; it consists in altering the psychic attitude through the reason. Suggestion aims at a psychic change *without* the reason, and the one condition necessary to constitute suggestion is the inactivity of the reason, which may be attained

either by diversion or paralysis of attention, called in the one case waking suggestion and in the other hypnotic suggestion. If a proposition is contrary to the individual's previous experience, it will be rejected by the reason unless it is made in such a way as to elude the attention with which alone the reason works. Many orthodox physicians pride themselves on their use of "suggestion" in their daily practice, but condemn utterly the heresy of psychotherapy. As a matter of fact, most of the "suggestion" they employ is merely persuasion—a very right and legitimate agent of cure, but it is hard to appreciate the hard-and-fast line which such objectors draw between one method of mental treatment and another. It would appear that the prescribing of a bread pill renders the mental treatment respectable, whereas the straightforward admission that the mind is going to be used to influence the health constitutes the unpardonable sin of medical practice. Again, the field of psychotherapeutics includes the very important subject of re-education of self-control. The aim of all true education, as Huxley reminds us, is to teach us to do whatever we have to do—in thought, word, and deed—when we should do it, whether we like it or not. That the education of many so-called educated persons has failed to attain this end, no one will deny. Nor can it be doubted that as a result there is much sickness,

real or imaginary, which would otherwise have been preventible. Education is the duty of the teacher and parent, but when the part has been ill-performed, and disease—moral or psychical—results, it falls to the physician to re-educate. The task is not an easy one ; concentration, undeveloped before twenty, is not easily developed in later life ; self-control which is deficient at twenty-five, is likely to be more so at forty-five. Yet much can be done by patience, perseverance, and insight. In spite of this, I do not know of a single authoritative publication on the subject by any English physician, while on the Continent only a few, such as Dubois and Vittoz, have dealt with the matter at all.

Psychotherapy, then, is something much wider than hypnotism and suggestion ; in fact, I would go so far as to predict that when the full attention of an unbiassed medical profession has been given to the question it will be found that hardly 50 per cent. of cases requiring psychic treatment need suggestion, hypnotic or otherwise. I am well aware, however, that even among English psychotherapists such a statement will meet with general opposition, but I am confident that from the side of the teachers and the psychologists there will come a great awakening to the interdependence of health and education. Education produces self-control, and self-control eliminates most diseases

of the hysterical class and many others. When education has failed, and its failure has been made manifest by loss of self-control, the physician is called on to re-educate the mind rather than to treat the body.

Finally, we come to the last prevalent misconception, which is that *the object of a faith that is capable of curing is necessarily true*. This fallacy was contested long ago by Paracelsus, who said, "Be your faith true or false, it will achieve wonders."

The capacity of faith to cure depends not on the belief but on its intensity. Cures—incontestable and remarkable—occur year by year at Mecca, at Lourdes, and at Boston, but none of them offer one grain of evidence either that Mahomet was the only true prophet of Allah, or that the Blessed Virgin Mary appeared to Bernadette Soubirous in 1857, or that Mary Baker Glover Eddy was the fourth person of the Godhead. And if proof be needed for this assertion, it can easily be had by confronting a devout Roman Catholic with the facts of cures wrought by Eddyism, or a zealous Christian Scientist with the triumphs of Lourdes.

As a body of scientists, the medical profession is debarred from using any false object of faith as a curative means, but this does not in any way imply that it cannot accept the facts of cures

wrought by such means. What this book is intended to show is that where valuable physical effects can be obtained by illegitimate and unscientific psychical means there they can also be obtained by psychical means which are legitimate and scientific ; that what the quack, religious or medical, can do by fraud, delusion, or mystery, can be done by the honest physician who works through the mind on the body without descending to deception in any shape or form.

CHAPTER II

THE INTERACTION OF MIND AND BODY

THE eternal problem of the influence of mind over body has of late been more than ever discussed, not only by the profession but also by the layman. A great army of mind-healing quacks practising under various high-sounding titles, and a constantly growing list of quasi-religions offering to their followers immediate healing and eternal health, have attained a vogue and achieved a success, such as to arrest the attention of even casual observers.

The influence of the mind over the body, up to a certain point, is admitted universally. No one is surprised if an emotion, such as shame, causes the blood-vessels of the cheeks to dilate and to produce the phenomenon we know as a "blush." Most people are ready to admit that the digestive function is frequently influenced by a mental shock, as when bad news is received immediately after a heavy meal. A few would even allow that

such a condition as diabetes was influenced by worry and anxiety.

That the mind influences the body to a greater extent than is generally supposed need not at this point be urged. Our first point is merely to emphasise the strange inconsistence of those who, admitting some or all of the simple examples given above, yet refuse any place to mental treatment in the category of legitimate means of cure. The unfortunate young girl whose life is made unbearable by her addiction to blushing seeks medical advice ; orthodoxy demands that she shall be treated with lotions and bromides, with powders and tonics, and if her medical adviser proposes to treat the condition by hypnotic suggestion, on the ground that it is a mental disturbance, and neither a skin disease nor a circulatory derangement, he will cause such a shock to the patient's mother as will send her in hot haste to a more conservative and less dangerous practitioner, and will set her tongue wagging at many a tea-party on the scandal of Dr. So-and-So and his leaning towards mesmerism.

If a speculating stockbroker complains of an incapacity to digest the simplest fare, the good old family doctor prescribes bismuth and pepsine. When the inevitable failure of this treatment has become apparent, he goes the length of admitting that his patient's condition is partly due to business

worry, and accordingly prescribes a week at Brighton; but should any one—layman or specialist—suggest for one moment treatment by psychic means, all the "anti-humbug" in his all too British soul revolts at the very idea, which is neither more nor less than to send the nervous dyspepsia back the way it came.

Or again, if the miserable victim of diabetes, tired of the arid products of the dietetic specialist, thirsting for freedom as well as fluids, wearily recording the phenomena of his metabolism, seek advice from the psychologist rather than the physiologist, what happens? He is told that in many cases of his complaint the symptoms are purely functional, and can be cured by appropriate methods of psychotherapy. Astonished and half credulous, he goes back to his physiological physician, who laughs long and loud. "No, my friend, keep off these hypnotic quacks; just go on as you are doing, and be as strict as ever in your diet and don't worry." And the miserable, burdened soul creeps home, knowing in his heart of hearts that worry *was* the root of his trouble, feeling that his diet and his measure-glass are not the least of his worries, and conscious that, rightly or wrongly, that particular worry has been aggravated rather than relieved. And so on through a host of similar cases. The mental element is admitted as a causative factor; it is

scoffed at as a curative agent. Mind may have caused the condition, but mind cannot cure it—nay, further, it would be unsound, unscientific, possibly ungodly, to expect it to do so.

Every doctor is ready to enjoin his nervous patients not to worry, but he does not realise that as a rule this injunction is as useful to the worrier as is the advice not to lie awake to the victim of insomnia. Worry, if it is a causative factor in any disease, must be treated, and not merely condemned, and the treatment of worry does not consist in sending the patient for a holiday or temporarily removing the source of worry; it consists in rendering the individual as fit as possible to stand the degree of worry which his normal life is likely to involve. More will be said later on about rest-cures for neurasthenics, but it may with advantage be pointed out in this connection that the failure of the conventional rest-cure for the neurasthenic lies just here—improvement is gained by an artificial elimination of all strain from his life, and no positive attempt is made to render him more fit for his normal life. True, there are individuals who, temperamentally or in consequence of disease, can never by any means be rendered capable of living efficiently and happily in their normal surroundings; it is true that in most of the so-called "nervous" conditions rest and removal of anxiety are the first

essentials ; nevertheless, it is also true that rest can never do as much alone as when it is combined with active and suitable measures of psychotherapy.

Another point which seems constantly ignored by orthodox treatment is that many organic affections pass into purely psychic conditions after a certain lapse of time, the length of which depends on the power of the individual to withstand auto-suggestion. The best example is to be found in asthma. Here a patient falls victim to an attack of bronchitis during a period of east wind, let us say. This recurs, and each time it recurs the dread of it increases till the patient becomes convinced that whenever the wind goes round to the east he will have respiratory embarrassment. Now it is clear that if morphia and ipecacuanha are called for in the initial attacks they cannot be suitable later on—firstly, because the discomfort has been produced by apprehension rather than by cold ; and, secondly, because their administration confirms the patient's fears that an attack of bronchitis has actually been produced by the cold. The real art of treating such a case lies in knowing when to prescribe the drugs, when to withhold them, and when to insist on treating the condition psychically.

There are a number of organic affections of which the same thing is true, notably hay-fever,

neuritis, some forms of dyspepsia, and colitis. In such cases the practitioner should realise the point at which the trouble has "got on the patient's nerves," and should be prepared to change his line of treatment accordingly ; but it is only the doctor or nurse with a well-developed clinical instinct who will be able to recognise this insidious but important transition, for to the ordinary onlooker, and to the patient himself, later attacks may appear to be much the same as earlier ones.

So far we have been discussing, for the most part, objective conditions in which the existence of the symptoms is beyond doubt, and then causation is the only matter of speculation. We now pass to subjective symptoms, of which the greatest is pain. Every doctor has asked himself in a hundred cases, "Is this pain real or imaginary?" But the question is a *petitio principii,* for pain is a subjective symptom, and if the patient honestly believes he is suffering pain, he *is* suffering pain ; therefore the pain is real. In this connection we could have no better statement than that of Dr. Moll, who says :—

"It should never be drummed into a patient that he is not ill, because he has no organic lesion, and that his malady is consequently imaginary. Folks frequently make such remarks, but a psychologically trained doctor should scrupulously avoid anything of the kind at all times. He should

know that the expression 'imaginary pain' is false. Such 'imaginary pains' have been excellently compared with hallucinations. Now, we can say that the hallucinatory object is imaginary, but it is false to say that the perception is imaginary; it has a central cause, whether the object is imaginary or not. Similarly, a pain that is felt is the result of a definite central process. It is a matter of indifference whether the central process is caused by a peripheral one, such as a prick, or by suggestion by a spontaneous mental act. The pain exists in both cases, and is not imaginary. If in the latter case the patient were to refer it to an external stimulus he would be wrong. But the doctor must take the pain the patient says he feels to be real. To combat and remove such pains is just as much the duty of a doctor as the healing of a wound. A doctor may be able to detect and explain the functional nature of a pain, and even trace it to its mental origin, but he should never say that it is imaginary. It may possibly not be invariably easy for him to avoid mistakes; for there are patients who think their disease is not understood when a doctor assures them of its purely functional nature. A doctor must not only take into consideration the education a patient has received; he must also think of the degree of intelligence possessed by the latter. He must remember that a patient's

power of thinking logically is influenced by disease, in so far as the patient's own conclusions as to his disease are concerned. There are well-educated people—people who as a rule think logically, and who are yet unable to understand that a functional complaint is just as much a disease as an organic one, and may even bring about more serious consequences than the latter. Experience and tact are the best aids a doctor has for getting over such difficulties."

We have seen, then, that in many organic diseases the psychic factor is generally admitted as causative, but not curative; we have seen that many pathological conditions tend to pass from the organic to the psychical, and we have seen that in dealing with subjective conditions, such as pain, the question is not one of real as opposed to imaginary, but of *location of the derangement—i.e.*, peripheral *versus* central.

We now pass to some considerations of the influence of mind over body, from which the reader may gather how vast in some individuals, and how considerable in all, is the sphere of that influence.

Dr. Clouston, in his inaugural address to the Royal Medical Society in 1896, said:—

"Physiologically, the brain cortex, and especially the mental cortex, is the great regulator of all functions, the ever active controller of every

organ, and the ultimate court of appeal in every organic disturbance." And again : "The brain cortex regulates absorption, secretion, vascular tone."

Most people find this extremely hard to appreciate ; they go a certain length in admitting the power of the mind over the body for evil ; they will admit to a slight degree its power over the body for good, but the extent to which this influence can be exercised is rarely appreciated, and the reason is not far to seek. We base our views on this subject entirely on the apparent scope of mental influence in the normal man in a condition of normal attention. We fail to realise that this influence in normal people can be enhanced almost without limit by producing an abnormal state of attention. Thus, one individual receives a severe mental shock ; the heart's action is depressed, and the pulse rate altered till he nearly faints. A second individual receiving an exactly similar shock seems steady and almost unaffected. We say of the first that he is emotional and hysterical, and of the second that he is strong-minded. But if the second were put into a condition of hypnosis and suggestions of cardiac derangement made to him, the action of his heart would be affected and his pulse rate altered, exactly as in the first case we supposed. In other words, our strong-minded man differs from an

emotional man, not in the power of his mind to influence his body, but in his power of controlling that influence. The work of the psychotherapist is to give to the one a greater power of controlling that influence, and to devise means to make use of it, when necessary, in the other. To the one we must give an increased command of his mind over his body; for the other we must artificially produce a state of mind in which that command is available for curative purposes. And here let us pause to make clear one point of terminology. The words "mind" and "mental" will be used throughout this volume to "cover all the functions of the central nervous system," and not merely in the narrower sense of consciousness. That our conscious life is but a mere fraction of the life of our central nervous system is of course obvious to all; it shall be our endeavour in a later chapter to show that the wider application of the term "mind" is warranted and desirable.

The most obvious instance of the effect of the mind over the circulation has already been referred to—namely, the blush. We are apt to think of this as restricted to the surface of the cheeks, and that chiefly in nervous people, but I have seen a patient who habitually blushes over the thorax, back and front, down to the level of the heart. In most people during deep hypnosis a blush can be produced on any part of the body by sugges-

tion. Now, a blush is a temporary opening of the arterioles which regulate the blood supply to a given area of body surface, but it occasionally happens that this phenomenon is exaggerated to the point at which the smaller vessels rupture, and effusion of the blood takes place as in bruising. One of the best attested among the miracles of the Church is that of the Stigmata of St. Francis of Assisi. By deep meditation on the Crucifixion of our Lord, St. Francis produced in himself hæmorrhagic marks in situations corresponding to the wounds of our Lord, or, to be more accurate, corresponding to those in which he believed our Lord's wounds to have been placed. Many, in a mood of narrow scientific scepticism, may have doubted the accuracy of this tradition, but in support of it we may point out, first, that it is as well established as most historical facts of the Middle Ages, and, secondly, that it is not without parallel in modern times. In his book on "Suggestive Therapeutics" Professor Bernheim, of Nancy, gives the following instance :—

"Hæmorrhages and bloody stigmata may be induced in certain subjects by means of suggestion.

"MM. Bourru and Burot, of Rochefort, have experimented on this subject with a young marine, a case of hystero-epilepsy. M. Bourru put him into the somnambulistic condition, and gave him the following suggestion : 'At four o'clock this

afternoon, after the hypnosis, you will come into my office, sit down in the arm-chair, cross your arms upon your breast, and your nose will begin to bleed.' At the hour appointed the young man did as directed. Several drops of blood came from the left nostril.

"On another occasion the same investigator traced the patient's name on both his fore-arms with the dull point of an instrument. Then, when the patient was in the somnambulistic condition, he said: 'At four o'clock this afternoon you will go to sleep, and your arms will bleed along the lines which I have traced, and your name will appear written on your arm in letters of blood.' He was watched at four o'clock and seen to fall asleep. On the left arm the letters stood out in bright red relief, and in several places there were drops of blood. The letters were still visible three months afterwards, although they had grown gradually faint.

"Dr. Mabille, Director of the Insane Asylum at Lafond, near Rochelle, a former pupil of excellent standing, repeated the experiment made upon the subject at Rochefort, after he was removed to the asylum, and confirmed it. He obtained instant hæmorrhage over a determined region of the body. He also induced an attack of spontaneous somnambulism, in which the patient, doubting his personality, so to speak, suggested

to himself the hæmorrhagic stigmata on the arm, thus repeating the marvellous phenomena of the famous stigmatised auto-suggestionist Louis Lateau.

"These facts, then, seem to prove that suggestion may act upon the cardiac function and upon the vaso-motor system. Phenomena of this order, however, rarely occur. They are exceptional, and are obtained in certain subjects only. I have in vain tried to reproduce them in many cases. These facts are sufficient to prove, however, that when in a condition of special psychical concentration the brain can influence even the organic functions, which in the normal state seem but slightly amenable to the will."

In the light of this modern imitation of the miracle we need not hesitate to accept the fact. In the first case a most unusual effect of mental action was produced on the body by the Saint who placed himself in a condition of remarkably deep concentration. In the second case the same effect was produced by artificially inducing hypnosis. In both cases suggestion determined the phenomenon—the one, auto-suggestion, the other, hetero-suggestion. A recent writer, commenting on the miracle of St. Francis' Stigmata, says very rightly: "We regard it as strange because it is uncommon, but it is only uncommon because such concentration of thought is uncommon." A

similar case is recorded by Delboeuf, and I quote in Milne Bramwell's words :—

"The subject, J——, was a healthy young woman, who had for several years been one of his servants. Delboeuf first explained what he wished to do and obtained her consent in the waking state ; then he hypnotised her and extended her arms upon a table, heated red-hot a bar of iron eight millimetres in diameter, and applied it to both of them, taking care that the burns should be identical in duration and extent, while at the same time he suggested that she should feel pain in the left arm alone. The operation was performed at seven o'clock in the evening, and immediately afterwards each arm was covered with a bandage. During the night J—— had pain in the left arm, but felt nothing in the right. Next morning Delboeuf removed the bandages ; the right arm presented a defined eschar, the exact size of the iron, without inflammation or redness ; on the left was a wound of about three centimetres in diameter, with inflamed blisters. Next day the left arm was much worse, and J—— complained of acute pain. Delboeuf hypnotised her and removed the pain by suggestion. The wound dried, and inflammation rapidly disappeared."

Of the effect of the mind on the secretions of the body we need only give a few examples. Grief stimulates the activity of the lachrymal

glands ; the sight of succulent fruit will increase the activity of the salivary glands, while it is diminished by fear and certain other emotions ; the kidney function is augmented by terror, and so on.

A lady of the writer's acquaintance was once crossing a glacier ; her father was tied on the rope immediately in front of her. Suddenly he disappeared through a " pont " into a crevasse ; the rope was tightened, the guides held firm, and in a moment he was out again, none the worse except for a very cold bath. That evening the daughter felt out of sorts ; next morning she was deeply jaundiced, and three weeks passed before her skin recovered its normal appearance. The mental shock, which had lasted for so few seconds, had occluded—by spasm or congestion—the bile duct, causing a retention of bile and the resultant poisoning.

Again, the automatic movements of the organs, known as peristalsis, are greatly influenced by the mind. Seasickness has often occurred on terra firma before a voyage has been begun or the sea even reached, whereas a case is on record of an individual ceasing to be seasick as his artificial teeth disappeared overboard. The activity of the intestine is known to be subject to emotions of dread or apprehension, as most people have learned by personal experience.

The respiration is influenced by the mind, in that the normal control which we can exercise by voluntary effort is apt to be interfered with when we are excited in any way. There is no one but has felt the dominance of the impulse to cough under circumstances making it specially desirable that the cough should not take place. Another respiratory phenomenon of some interest is the yawn. It is obvious to all that purely mental causes—that is, boredom or fatigue—can produce a yawn, while it may also result from physical causes, such as lack of fresh air, heat, etc. A yawn, consisting as it does of a deep inspiration and a prolonged contraction of a number of muscles, constitutes an instinctive effort to stimulate the circulation in that part of the body which is most susceptible to circulatory changes—namely, the brain. It is instructive to note how this call for an increased blood supply may come from conditions of cerebral fatigue due either to psychical causes—such as monotony, inattention, etc.—or to organic causes—such as heat, suffocation, etc.

But the importance of this influence of the mind over the body must not let us lose sight of, or in any way minimise, the much more obvious and generally recognised fact of the influence of bodily condition on the mind. If the confirmed worrier is liable to develop diabetes, so the victim

of an inactive liver is almost certain to suffer from melancholia; if the overstrained business man is liable to nervous dyspepsia, so the unfortunate owner of a dilated stomach is irritable and depressed. At every point we find such interactions of body and mind, and at many points, too, we meet the vicious circle in which psychic and organic factors act and react on each other. In some people the one factor, in some the other, is primary, and should be attacked first, and it is just here that the physician who is one-sided is most likely to go wrong, for he cannot keep his mind free of bias in deciding his treatment. Either he is the narrow-minded materialist who insists that the psychic condition is secondary to the organic, or he is the fanatical psychotherapist whose creed begins and ends with the dominance of the mind.

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CHAPTER III

THE HISTORY OF HYPNOTISM

THE history of hypnotism has been set forth so frequently and so fully that it is only for the sake of completeness that a chapter of this volume is devoted to it. Those who are already familiar with this instructive passage in the evolution of medical science will do well to pass on. On the other hand, readers who, being hitherto unacquainted with the subject, may feel sufficiently interested to pursue the study of it are referred to fuller works on the subject, more especially to the first chapter of Moll's classical volume on "Hypnotism."

The history of hypnotism falls naturally into four stages :—

1. The period up to Mesmer.
2. Mesmer and his followers.
3. Abbé Faria and Braid.
4. Liébeault and Charcot.

The first stage began in the remotest era of history—it ended when Mesmer advanced his theory of animal magnetism in 1778.

Thousands of years ago practices which we now recognise as hypnotic were carried on in Egypt by soothsayers, in Persia by Magi, in India by Yogi and Fakirs. In the Old Testament many such instances occur which lend themselves to this interpretation.

Religious communities all over the world and in all ages have resorted to such practices as an integral part of their religion. At the Acropolis of Athens one can still see the Stole of the temple of Æsculapius, where the devotees of the god were laid for the night, that in their sleep healing might come to them or a means of cure be revealed. In classical literature allusions to hypnotic practices occur in the writings of Tacitus, Pliny, and Suetonius. In the eleventh century the monks of Mount Athos gained a certain fame for their peculiar method of auto-hypnosis, whereby they earned the name of "Omphaloscopists." The history of the Middle Ages is full of incidents into which a hypnotic element may be read, as, for instance, the practice of the Royal Touch, instituted in England by Edward the Confessor, and in France by Francis I. In 1530 Paracelsus—philosopher, scientist, and rascal—enunciated his theory of unseen influences emanating from astral bodies. We may smile at his science and his theories, but Paracelsus knew human nature better than many a doctor of to-day, and his immortal

dictum about faith, quoted in a previous chapter, is in itself proof enough. In the same century there were other notable teachers who propounded various views approaching to his, such as Gilbert, Godlenius, Van Helmont.

In the seventeenth century Greatrakes caused no little stir in England, and in Scotland Dr. Maxwell enunciated a theory of animal and personal influence that received some attention, which was more than it deserved. Abroad, Robert Fludd and Father Hell also attained a certain vogue. In the eighteenth century Santanelli put forth a theory which anticipated Mesmer's in some ways ; Gassner also deserves mention, but neither of these attained the fame of the notorious Count Alessandro di Cagliostro (whose real name was Giuseppe Balsamo), a native of Palermo, and one of the most brilliant charlatans that the world has ever known.

Mesmer (whose name is still associated with hypnotism by the persistence of some in referring to it as mesmerism) was born in 1734. In 1765 he took his M.D. at Vienna, and in 1778 came to Paris, where he passed most of his professional career. Mesmer's history is curiously illustrative and typical of that of most innovators in the realm of medicine, and specially of many a one who has worked on the psychic side of the healing art. He passed through three phases—first, earnest

search after new methods; second, success in curing a certain number of diseases; third, popularity and wealth, with the inevitable temptation to deception, self-delusion, and charlatanry.

Mesmer's methods, looked at from the perspective of a century and a quarter, appear to have been, to say the least of it, dramatic. His suite of rooms was richly furnished, dimly lighted, sweetly scented, and filled with the strains of sweet music from harp and lute. The séance room contained a large table round which the patients were seated. At its centre stood a tub or vase of goodly proportions, known as the Baquet, containing bottles, and from this iron rods radiated to the sufferers who sat round the table. They in their turn were connected with each other by means of cords, while Mesmer himself walked continually round, touching now one and now another with a glass rod. The patients were conscious of all sorts of curious impressions, from the merest thrill at the touch of the wand to general convulsions necessitating removal to the padded room, appropriately kept in readiness. His success in certain cases, no less than the impressive methods he adopted, attracted crowds; the crowds became unwieldy, and to satisfy the hundreds he was unable to treat himself, he conveyed the healing virtue to a tree which might be touched by disappointed patients with every expectation of cure.

Such vogue and success might last for a time, but the intense jealousy and enmity of the medical profession, which were not unnaturally aroused by Mesmer's practice, coupled with the failures that were not infrequent, soon set the current of public opinion against him. In 1784 Louis XVI. ordered a Royal Commission of the Academy of Medicine to investigate the entire question. The members were chosen for their known hostility to Mesmer and his methods, and the first signature was that of Benjamin Franklin, who, owing to illness, was unable to attend a single sitting. The report, as was to be expected, contained nothing but condemnation of Mesmer and mesmerism. "Animal magnetism is nothing but the art of making sensitive people fall into convulsions. . . . From a curative point of view animal magnetism is useless and dangerous." Words could hardly have been more damning, and Mesmer, disgusted with the fickleness of the Parisians and the intolerance of his colleagues, left Paris. He went to Germany and attained sufficient success to attract the attention of the Prussian Government, which ordered an inquiry in 1812. Wolfart, the Commissioner, not only submitted a favourable report, but actually adopted some of Mesmer's methods in his own practice. In 1815 Mesmer died, but his work was not entirely forgotten, for animal magnetism continued to be practised by his pupils,

notably the Marquis de Puységur, Deleuze, Foissac, and Du Potet. The Academy of Medicine was constrained to order another inquiry, and the labours of the second Commission, headed by Husson, spread over the years 1826-31. The report was favourable, and contained the following passage: "Considered as the agent of physical phenomena or as a therapeutic expedient, magnetism must take its place in the scheme of medical science." The Academy had not intended this, and, like Balak, said, "I brought thee to curse him, and, behold, thou hast blessed him altogether." It therefore suppressed the report, which never saw the light of day, and remains at the present time a MS. in the Archives of the Academy.

Mesmer's career, as we have already seen, was a prototype of the careers of many who have followed him. He discovered for himself the scientific fact that certain forms of disease in certain individuals can be cured without drugs or ordinary physical means. He was so impressed with the power of his new methods that he became a monomaniac on the subject, and cheated himself into the belief that all diseases would eventually succumb to the power of his Baquet and wand. The medical profession, blinded by jealousy, and fettered by tradition, was powerless to do more than bespatter the curer with every conceivable

contumely, deserved or undeserved. Their campaign of denunciation had no effect in stemming the tide of success, but as soon as that tide turned its ebbing was a hundredfold hastened by the bitter antagonism of the faculty. On the other hand, as Mesmer increased his popularity his search after the new truth gradually became subservient to his search after gold ; his methods were contrived, not so as to produce the most permanent cures, but so as to attract the greatest crowd of wealthy patients. The scientist had, by easy stages, been transformed into the charlatan ; the truth he had at first honourably wooed was exploited by him in ways that were increasingly meretricious ; the public, that had been too ready to run after some novel form of cure, had, in its impetuous haste, tempted the scientist with its gold, and tempted him above that he was able to bear ; it had eclipsed the flickering light of truth with a glare of fame and popularity, and then, when the imperfections of a system, very partially discovered and almost universally overrated, began to come to light, there set in a reaction almost as unwarranted and quite as indiscriminating as the original *furore*. All that there was in the system that was worth keeping for further investigation was swept away by a duped and disappointed public, to be cast with sneers and obloquy into the limbo of dishonour and oblivion.

As far as England was concerned, Mesmer's influence was first felt in 1837, when Du Potet, the most successful of his disciples, came to London and there found an apt pupil in Dr. Elliotson, a physician on the staff of University College Hospital. The hospital authorities, as soon as he began to make use of this new therapeutic agent in the wards, took steps to forbid any such practices, and Elliotson, in consequence, resigned. He attained some vogue in private practice, but the animosity of the profession towards him was not a whit more tempered than in Mesmer's case. Between 1838 and 1842 the *Lancet* published the following passages in reference to Elliotson and his work :—

"The science of mesmerism dares no longer to affront the common sense of the profession or to show its face after the last exposure." "We regard its abettors as quacks and impostors ; they ought to be hooted out of professional society." "The patient, alias the victim, alias the *particeps criminis*, is almost as bad as the operator, and even the man who reads about such performances is a leper."

At the same time it must be said of Elliotson that he seems to have got no nearer to the truth than Mesmer, and opposition and vilification succeeded in ruining him. He left behind him a Harveian oration (1846) and a work entitled

"Surgical Operations in the Mesmeric State" (1843), and with these works the reputation of an upright, fearless gentleman. His contribution to the advancement of science was probably trifling, but he must receive due praise for the pioneer work that fell to his lot—the work of facing the first storm of obloquy and persecution.

We now pass to the third period in the history of hypnotism—that which is associated with the names of Faria and Braid.

Faria was an Indian-Portuguese abbot who, in the year of Mesmer's death, caused some stir in Paris by his lectures. In these he propounded an entirely new theory of the phenomena of animal magnetism. He maintained that the cause lay, not in the magnetism, but in the subject, and that sleep could not be produced except with the patient's co-operation. General Noizet, one of his followers, wrote thus of him :—

"The Abbot Faria was a man endowed in many respects with superior understanding. All Paris has had an opportunity of witnessing his experiments ; nevertheless few persons have been convinced. When they branded him with the name of charlatan, all was said. Many were convinced beforehand that they would see sleight-of-hand tricks, and only visited him once. All those upon whom the experiments succeeded were regarded as accomplices. If, in an assembly of

several people, it happened that one of them experienced some influence and fell asleep or became somnambulistic, the effect was at first astonishing to those who could not doubt its reality; but afterwards the impression became weaker, and the power of the word 'charlatan' was sufficiently great to make them forget what they had seen, and even the person who had felt the influence deluded himself like the others, and in the end believed that nothing out of the way had happened to him. The shame of having something in common with a man called a charlatan frequently made them deny the truth, and they even dared to state that a plan had been laid to deceive the audience and the juggler himself. No one who knows the weakness of the human heart should be astonished at what I state. I have been the more impressed by this, as I have had occasion to verify it for myself.

"It actually happened one day, however, that an actor simulated somnambulism and deceived the Abbot Faria. From this moment charlatanism was more loudly decried than ever, as though it were a charlatan's part to expose himself to such contempt, and to allow himself to be thus taken in by an unknown person. His experiments were no longer attended, and it was considered absurd to believe in them. Nevertheless, I believe in them, and shall never blush to proclaim the truth.

I do not declare myself the champion of the Abbot Faria, whom I hardly knew. I do not know what his morality was, but I am certain that he produced the effects which I have reported."

It is thus obvious that the Abbé Faria had got far nearer to the scientific basis of mesmerism than any man before him, but, as usual, the element of deception, possibly unintentional, entered into his demonstrations, and thus his hold on the public respect and belief was lost.

In 1841 a "magnetiser" of the name of Lafontaine—a grandson of the poet—gave a public demonstration in Manchester. A Scotch surgeon of the name of James Braid was present, and, impressed with the phenomena he saw, began to investigate on independent lines. He found that, by causing the patient to fix his eyes on a bright object, a condition of sleep could be obtained analogous to mesmerism ; he found that this condition depended in no way on the operator, and that it was unnecessary to presuppose the existence of any magnetic fluid as the causative agent. In 1843 he published his classical work, "Neurypnology, or the Rationale of Nervous Sleep," in which he expounded his belief that the phenomena associated with so-called mesmerism were purely psychical, and produced independently of any influence from the operator. At a time when the medical profession of our land was busy with

Elliotson and his heresies, Braid, it is needless to say, got little hearing, and that unfair. He offered in 1842 to read a paper before the British Association, but his offer was refused. He lost much practice, endured no little persecution, and was forgotten. His book lived in the public mind little longer than he did, but a chance circumstance brought a copy into the hands of a young French doctor, and from that moment the history of hypnotism entered on its final phase.

Liébeault, a young practitioner of Nancy, was the man into whose hands Braid's book fell. It turned his attention very seriously to psychotherapy, and, in spite of opposition from his colleagues, he opened in 1860 a dispensary for the treatment of the poor by suggestion. After six years he published his book entitled "Du Somneil et des Etats analogues," in which he developed Braid's theories and supplemented them with the results of his own patient research and extensive observations. Little by little Liébeault succeeded in living down the opposition of his colleagues. His unimpeachable uprightness as a man ; his single-eyed search after scientific truth ; his contempt for all personal gain and promotion ; his whole-hearted devotion to the sick poor—all these things enabled Liébeault to conquer at last in the fight that none of his predecessors had won. Professional opinion recognised him and his methods, the

University gave him a chair, the public did him honour, and recently a monument was erected in Nancy to the memory of one who had exposed himself to the derision of his profession in the honourable pursuit of scientific medicine.

Liébeault's life and work had sufficed to turn the tide of professional opinion, but it had done little more. It remained to his pupil, the talented and brilliant Bernheim (now himself Professor in the Medical School at Nancy), to develop the work of his master, to achieve even greater therapeutic results, to formulate his theories more scientifically and to hold the attention of the profession—or, shall we say, of the thinking section of the profession—all over the world. His work, "De la Suggestion," was published in 1886, and remains the standard work on hypnotic suggestion.

The doctrines of Liébeault and Bernheim differ from those of previous investigators in emphasising the importance of suggestion and the purely psychical nature of all the phenomena connected with hypnosis. Their views have received well-nigh universal acceptance, and hypnotism and suggestion in all lands are studied from the point of view of the Nancy School. In a later chapter we shall analyse these theories more fully, and see how their acceptance has opened up new regions both for the psychologist and the psychotherapist. But between the publication of

Liébeault's book and that of Bernheim, Charcot at La Salpétrière in Paris had been studying the phenomena of hypnotism. Reference is made to his work for the sake of historical completeness, but the reader must realise from the beginning that it was not merely worthless, but also served to put back the hands of the clock as far as the advancement of psychotherapy was concerned.

Charcot worked on lines diametrically opposed to those of Liébeault. Instead of studying the curative value of hypnotism in disease of all kinds, he studied the phenomena obtainable under hypnotic influence from a purely academic standpoint. Instead of practising upon "the maimed, the halt, and the blind" who chanced to present themselves at a public dispensary, he worked entirely with a few hyper-susceptibles who were kept at his clinique for no other purpose, and who were made to go through, again and again, certain histrionic performances of little or no practical value; instead of recognising the fundamental importance of suggestion in his experiments, he ignored its influence to the point of allowing his results to be completely vitiated thereby (as was clearly proved by Bernheim)—in a word, Charcot worked at the pathology of psychic phenomena, a harmless recreation had he not given out his results as representing the normal features of the hypnotic state. As a matter of fact Charcot used twelve

subjects in all ; Liébeault treated by suggestion 12,000. Charcot's chief conclusions, as summed up by Milne Bramwell, were as follows :—

1. Hypnosis is an artificially induced morbid condition ; a neurosis only found in the hysterical.
2. Women are more easily influenced than men ; children and old persons are insusceptible.
3. Hypnosis can be produced by wholly physical means ; a person can be hypnotised unknown to himself.
4. Hypnotic phenomena can be induced, transferred, or terminated by magnets, metals, etc.

Charcot's views are now obsolete, or very nearly so. Had they been of real value, treatment by or in hypnosis would have come to an end, but, fortunately for the world, the saner and more accurate views of the Nancy School have prevailed.

To-day there are hundreds of earnest and scientific workers who are using hypnotic suggestion for therapeutic purposes in every country. To give anything like a full list of these would be impossible and unnecessary, but a few names of outstanding importance may be mentioned. In France, Bernheim, Bérillon, Pitres ; in Germany Albert Moll, Max Dessoir, Schrenk-Notzing, and Vogt ; in Switzerland, Forel ; in Holland, van Renterghem ; in Italy, Morselli ; in America,

Boris Sidis and Morton Prince. In our own country the credit of first championing the Nancy teaching belongs to Lloyd Tuckey, whose work entitled "Treatment by Hypnotism and Suggestion" is a standard text-book in the English language; Milne Bramwell, who has contributed many original observations, and Wingfield, whose laboratory experiments at Cambridge are of the greatest worth, also deserve to be mentioned as honourable pioneers.

CHAPTER IV

THE PHENOMENA OF HYPNOSIS

BEFORE proceeding to discuss the phenomena associated with hypnotism, and in order to gain a more exact understanding of the terms most frequently employed in this and the subsequent chapters, we must pause to set forth a few definitions.

Hypnotism is the science of hypnosis.

Hypnosis is the artificial sleep during which suggestion is frequently, if not generally, applied.

A *Suggestion* is any effort to obtain execution of an idea on an inadequate rational basis.

It therefore follows that we may define *Hypnotic Suggestion* as the production of volitional responses while the reason is rendered inactive by hypnosis.

From these three definitions the reader will see that it is as incorrect to talk of "Treatment by Hypnotism" as it would be to speak of "Treatment by Anæsthesia." Also, that hypnosis is not the active element in hypnotic suggestion any more

than chloroform is the active factor in an amputation. In the one case the narcosis following the inhalation of a drug produces a condition of physical non-resistance in the patient, which allows of the operation being performed without violence or difficulty. In the other case the hypnotic sleep is used to paralyse the reasoning faculty (by diffusion of the attention) and thereby to eliminate the natural resistance of the reason to a suggestion which is, or appears to be, unreasonable. In other words, hypnosis is the anæsthetic of the reason.

But—if we may continue the simile a little further—not every surgical operation necessitates a general anæsthetic, in that, by reason of its slight or painless character, it will not elicit any serious degree of physical resistance. Similarly, every suggestion does not require for its acceptance that condition of complete abeyance of the reason which is the essential nature of hypnosis. As in surgical treatment a local anæsthetic is often preferable to general narcosis, so in suggestive therapeutics a waking condition is often sufficient to ensure the " inadequate rational basis " which we aim at.

Again, there are surgical manipulations which call forth no resistance at all from the organism, and which therefore require no anæsthetic, general or partial. Any psychic manipulation which can be efficiently performed with the full co-opera-

tion of the reason is of the nature of *persuasion*, which we therefore define as "any effort to obtain execution of an idea on an adequate rational basis."

If the reader will bear in mind clearly the above definitions much confusion will be avoided. But there have been many other definitions formulated of these states. Moll defines hypnosis by its two main features, namely, increased suggestibility plus the power of ending the state at pleasure. Though both these features exist in ordinary sleep, it does not follow that the two are the same. On the other hand, Bernheim insists that "suggested sleep differs in no respect from natural sleep," and then he proceeds, somewhat inconsistently, one would think, to define hypnosis as "a particular psychic condition in which, by means of an artificial state of the attention, exaggeration and minimising of the ideas is possible." Liébeault and Forel have held the same view as Bernheim, making out that hypnosis is ordinary sleep in which the subject is *en rapport* with the operator instead of with himself. But this is a difference of such primary importance that it alone neutralises the resemblance. According to this view, the mind may be compared to a house in which there is a double system of electric bells, so disposed that by the movement of a switch they can be made to ring in a pantry or in a bedroom. During ordinary

sleep the impressions from the various sense organs ring downstairs while the master is asleep upstairs ; during hypnosis they are in direct communication with headquarters. Bernheim further goes on to state that "many patients are hypnotised although they do not sleep."

From all this it will be seen that the tendency of the Nancy School is to regard hypnosis, as much as possible, as an incident in the phenomena of suggestion, and to deny to it any definite existence of its own. Milne Bramwell very justly protests that this needs some modification. "All the phenomena we have been accustomed to call hypnotic are undoubtedly the result of suggestion." This is perfectly true, but—to revert to our previous metaphor—the absence of the patient's finger, though undoubtedly due to surgical treatment, does not prove that there is no such thing as anæsthesia. Surely this confusion between hypnosis and suggestion is unnecessary. Let us grant that all hypnosis is induced by suggestion, and that all treatment under hypnosis consists in suggestion, it yet remains obvious that hypnosis is not suggestion, nor is suggestion hypnosis. I can induce the hypnotic sleep in an individual and then make no suggestions, or I can make suggestions to an individual who is apparently wide awake.

With this explanation we pass on to consider the various stages of hypnosis. In any condition that

merges from a minimum to a maximum, it is in the nature of things that definite classification should be difficult. The earlier classifications such as those of Liébeault and Bernheim tended to be too elaborate—the one consisting of six stages and the other of nine—but both made the criterion that they worked on, the loss of memory, or, as it is technically called, *amnesia*. This is also the basis of the classification generally accepted to-day and introduced by Forel, namely :—

1. Somnolence : resistance is only possible with an effort, and there is no loss of memory.

2. Light sleep or hypotaxis : the eyes are fast closed and resistance is impossible, but there is still no loss of memory.

3. Deep sleep or somnambulism : in this stage post-hypnotic phenomena are obtained more certainly than in the second, and there is amnesia.

Schrenck-Notzing also gives three stages, to which he applies a somewhat different terminology :—

1. No sleep.

2. Illusion of sleep.

3. Actual sleep.

For the purposes of the present volume Forel's classification will be used.

When we come to consider the phenomena which can be elicited in connection with hypnosis, we find that they fall into four groups :—

1. Psychical.

2. Psychophysiological—*i.e.*, effects of the mind on the healthy body.

3. Psychopathological—*i.e.*, effects of the mind on the diseased body.

4. Post-hypnotic—*i.e.*, responses to suggestion taking place after the individual has wakened.

(This is merely a convenient grouping and the cross-classification need not concern us.)

Psychical Phenomena.—The memory is the mental function most commonly affected. As we have seen, it is made the basis of the generally accepted classification of Forel. During hypnosis we can affect the memory either retroactively or prospectively. In other words, we can exaggerate, minimise, or obliterate the memory of past events, or we can ensure that the patient shall not remember what we are saying or doing at the time of the hypnosis. The former phenomenon is of incalculable importance in the treatment of two groups of cases, namely, obsessions and vicious indulgences. For instance, if a man has become the victim of an obsession that he hastened his father's death by filial neglect, and if we can induce a sufficiently deep state of hypnosis for our purpose, we suggest the obliteration of the whole memory, or we endeavour to establish a correct version of the facts in his memory. If we are successful the man gets well ; if we fail he is almost certain to become totally insane. Or, again, many addicts of

liquor or drugs would have been cured by a simple period of abstention had they not been haunted by the memory of the enthralling enjoyment previously derived from their indulgence. For cases such as the above any treatment without hypnotic suggestion is of relatively little value.

A morbid mental condition of great obscurity and still greater interest is that known as dual personality, in which the individual loses all memory of a certain period or periods of his life and everything connected therewith. During hypnosis these cases can generally be made to remember their forgotten *alter ego* and to resume their normal life. But this is only one side of an extremely complex problem.

Another group of psychical phenomena which can be produced under hypnosis is that which depends on the imagination. The hypnotised subject, having his reason paralysed, as we have pointed out, is unable to bring the facts of his surroundings into line with suggested images. On this are based a large number of the most telling tricks of the stage hypnotiser. The subject is hypnotised, and then it is suggested to him that he has fallen into the water, let us say, and that he must swim for his life. This suggestion in the normal waking condition would be instantly met by the opposition of the bodily sensations which inform the brain that the body feels dry, that the

individual is warm, that the chair below him is solid, and so on. In deep hypnosis the mind loses the power of bringing these facts to bear on the proposition made by the operator, and as a result his suggestions are acted upon and the hallucination has been successfully produced. In this example a positive hallucination has been produced, but it is as easy to produce a negative hallucination by suggesting the obliteration of a certain group of sense-impressions. Thus a subject under deep hypnosis is told that a certain individual is not in the room and that he will not return for half an hour. Either during the hypnosis or after waking the subject is asked to count the people in the room or to hand something to the "obliterated" individual, and he behaves as though that individual were not in the room, counting one short, protesting that he cannot give anything to some one who is not in the room, &c. On the other hand, if he should have occasion to walk past the person in question, he will carefully avoid running into him just as if he were a piece of furniture. Moll gives an exceedingly interesting example of a negative sense-delusion made to apply in a restricted manner.

"I suggest to X in hypnosis that A and B, who are really present, have gone away. X ceases entirely to respond to A and B; he neither hears nor sees them apparently. When I ask him who

is present, he says, ' Only you and I ' ; upon which I give him a pencil, the point of which I put on a piece of paper, and ask him to answer the question in writing. He writes down, ' Dr. Moll, Mr. A, Mr. B, and myself.' Consequently, he has given a correct answer automatically—*i.e.*, without knowing that he is writing."

Illusions can be produced more readily than hallucinations, an illusion being the false interpretation of an existing external object, whereas an hallucination is the perception of an object where there is nothing (positive hallucination), or the failure to perceive an object which exists (negative). It is easy to understand that the operator can more readily distort an existing group of sense-impressions than he can create or obliterate them. At the same time, it is incorrect to speak of the operator creating a phenomenon. The mind of the subject creates the phenomenon after the operator has secured that the mind shall work in a certain restricted way and has provided a false premise from which it can create the image. As Myers correctly pointed out, " The operator directs the conditions upon which the phenomena depend, but does not create them."

A very striking phenomenon which can be produced in the hypnotic condition is known as *rapport*. This consists in the subject being unduly or solely responsive to the influence of the operator,

either during or after hypnosis. He can be made to ignore, not only the commands, but the very presence of other people, and to manifest a wholly exaggerated responsiveness to the commands, example, and even behaviour of the hypnotiser. Du Maurier's famous novel, "Trilby," is founded on a case of complete *rapport* induced by the unscrupulous Svengali, but it must not be forgotten that science has not succeeded in producing any case so remarkable or perfect as the novelist's imagination has brought forth.

Bernheim compares the phenomena of *rapport* with the case of a mother falling asleep by the cradle of her sick child. To any other noise or disturbance she is irresponsive, being very sound asleep, but to the merest movement of her child she reacts instantly, being, as concerns that source of stimulation, hardly asleep at all.

Sensory disturbances can be influenced readily during hypnosis by directing the attention to or from the supposed seat of the disturbance. A simple example in which the patient was not hypnotised will make clear the way in which this can take place. A young girl was about to be operated upon for tubercular bone disease. She had, in the course of many years, been operated on frequently for the disease in different parts of her body. The surgeon had examined her the previous day and had said in her presence that he

proposed to operate on her left foot. He had also examined her left elbow and had said that he didn't think it would need to be touched. The anæsthetic was administered, but as soon as the surgeon touched the foot with a nail-brush, the patient screamed and struggled. After a pause, and when the anæsthetist was convinced that the patient was deeply under, another attempt was made, with the same result. The surgeon then turned to the elbow, examined it carefully, and decided that after all he would operate on it. He proceeded to do so and the patient remained all the time deeply anæsthetised. When he turned to the foot again, instantly there was a repetition of the screams and struggles. In other words, the patient's attention before the administration of the chloroform was powerfully directed to the foot but not to the elbow. The result of this previous psychical attitude was to prevent a given degree of narcosis having the normal effect on that part of the brain with which the foot was connected, while it did not interfere with its effect on other parts of the brain. Similarly, by manipulating the attention during hypnosis, it is possible, in suitable subjects, to produce anæsthesia—or the reverse condition, hyperæsthesia—in any given part of the body. The practical applications of this fact are of course numerous ; in a later chapter we shall consider the possibility and suitability of using hypnotic anæsthesia for operative treatment.

The special senses can likewise be influenced during hypnosis. Many of the so-called feats of "mind-reading" have been proved to depend on this fact, as, for instance, when a hypnotised individual is shown a card, and then has to pick it out from the pack without seeing the faces of the cards. The heightened visual sense takes hold of minute differences—called by the French *points de repère*—sufficient for identification. Carpenter gives an example in which an individual under hypnosis picked out by the sense of smell the owner of a pair of gloves from among sixty other people. It is a curious reflection that by this artificial manipulation of the attention a man may attain to an acuity of this special sense approaching that constantly manifested by the dog!

Numerous experiments have been made to demonstrate the changes which can be produced during hypnosis on the other special senses.

We now pass on to the influence of mental action, during hypnosis, over the normal physical processes, and the most remarkable of these is the influence on the circulation. In a previous chapter this has already been referred to, but it cannot be too strongly emphasised that the power of affecting the circulation during hypnosis is one of the most important keys to the therapeutic value of hypnotic treatment. We are so much accustomed to think of the circulation—apart from that portion of it

which is directly under the influence of the sympathetic nervous system—as automatic in action, that we are incredulous of all phenomena involving the hypothesis of a general mental control over the circulation. Yet experiments have shown, time and again, that by hypnotic suggestion, in suitable subjects, the amount of blood reaching a certain organ, or a certain area of the body surface, can be increased or diminished so that temporary congestion or anæmia may be determined. Thus dentists have stated that when teeth have been extracted under hypnotic anæsthesia the hæmorrhage was unusually slight, suggestions to that end having of course been made by the hypnotiser. The same observation has been made in connection with other operations in the hypnotic state. Again, the condition of hypnosis allows of remarkable effects being produced on the reflex actions of the body. By suggestion these may be increased or diminished, or in other words, the inhibitory action of the higher centres may be heightened or reduced. We may, for instance, suggest during hypnosis that the right knee-jerk will be exaggerated and the left reduced. On tapping the tendon below the knee the response will be definitely greater on the right than on the left. This fact is of very wide application, and allows of many of the automatic functions of the body being influenced. To understand this more thoroughly it is necessary

to grasp the nature of the reflexes. All animal activity is based on the broad plan of sensory stimulation, discrimination, and motor response. These three items constitute the complete arc, but the relative value of each factor varies enormously. Thus we can handle and move a sleeping infant without producing any response, whereas an adult will react to the slightest touch. The degree of discrimination exercised by a snail that we touch with a twig, is probably minimal, and the response made by a surfeited cat to the sight and smell of fish is very different from that made by the same quadruped in a state of semi-starvation.

As we rise in the animal world we find the central system more and more given up to the acts of discrimination, and, to make room for the increased intelligence, certain actions are short-circuited, or in other words, become habitual. We mean by this, that a given sense-stimulus produces a given motor response without reference to the reason or judgment. This may be compared to the short-circuiting of an electrical current. For ordinary purposes we may recognise three types of reflex arc. The lowest is the spinal, typified by the knee-jerk, in which the mechanism involved consists of a sensory nerve, a spinal nerve centre, and a motor nerve. These reflexes cannot be influenced by the conscious mind, though they are subject to a controlling or governing

influence by the higher brain, being modified according to the state of the brain. Now in the hypnotic condition this governing influence can be varied at the operator's will. The second type of reflex is more complicated, and involves the medulla or lowest part of the brain. It includes most of the activities on which our existence depends, such as heart-beat, digestion, and so on. In some of these cases the conscious mind can exercise a voluntary control—as in breathing—while in others no voluntary control can be exercised, but the pyschic state involuntarily influences the response, as when excitement causes the heart to beat faster. The third type involves higher centres than the previous two, and includes all the acts which we would perform in response to certain stimuli if we took time to think about them, but which are generally performed automatically, as, for instance, walking, in which the intellect merely gives a general order, and the reflex arc usually carries out the details, though it is possible for the individual to perform each separate act voluntarily.

In the following chapter we shall return to these three groups of reflexes, but we may here lay down the following axioms :—

1. Any act which is usually automatic is performed less efficiently as a voluntary act (*e.g.*, breathing).

2. The relation of the automatic to the voluntary varies in different individuals.

3. Under hypnosis, acts which are not normally automatic may become so.

4. Under hypnosis, acts which are normally beyond the influence of the will, may be modified.

Once we have realised the possibility in certain individuals of controlling, to a greater or less extent, the circulation of the blood and the execution of the reflexes, we have the explanation of the large number of natural functions which can be modified by suggestion in the hypnotic state, and if we apply the same explanation to the morbid processes of the body, we see at once the basis of many cures performed either under hypnosis or in allied conditions.

By regulating the circulation we may be able to cure a large number of diseases due to temporary circulatory disturbances—such as morbid blushing and angio-neurotic œdema.

By reducing the sensibility of the reflexes we can often cure nervous diarrhœa, nervous dyspepsia, irritability of the bladder, vomiting from apprehension, sea-sickness, enuresis nocturna.

Certain conditions like asthma and hay-fever generally yield most readily to treatment by hypnotic suggestion, involving, as they do, both a localised derangement of circulation and exaggerated sensibility of certain reflex arcs.

All the vicious habits, from nail-biting to morphinism, are better treated under hypnosis than in any other way. In most of them we are dealing with a subtle combination of physical, nervous, and mental habits, which requires that we re-educate the tissues to resume their normal mode of functioning under normal conditions, instead of the abnormal conditions under which they have learned to act, and that we make certain paths of nerve association more resistant to impulses, and others less so.

Certain purely psychical conditions are treated with remarkable success under hypnosis—for example, uncomplicated insomnia and brain-fag. All the stammers (speech-stammer is only the commonest of many analogous conditions) are best treated by hypnotic suggestion. Here the volition interferes with the performance of an act that should normally be automatic. An expert violinist finds that whenever she has to play in public, her right arm refuses to bring the bow into contact with the strings—she gets what she calls "a wobbly bow"; a youth has to renounce society because his hand, although perfectly steady in private, trembles violently whenever he tries to pass a cup or a glass, and his reputation for temperance suffers accordingly; a girl of twenty after a serious illness loses her power of standing up, although her limbs are strong and no paralysis

is present (this symptom is known as astasia-abasia). Many other examples might be mentioned of conditions belonging to this group and susceptible of cure under hypnosis.

Other classes of purely psychic cases specially amenable to such treatment are the phobias and obsessions. In these the patient's mental activities are dominated and partially paralysed by one or more fears, aversions, illusions, etc., the victim being aware all the time of the unreasonableness of his dread, and being therefore sane, as opposed to the lunatic who is obsessed in a similar way but is convinced of the truth of his beliefs and the soundness of his logic. Agoraphobia is the fear of crowds; claustrophobia is the fear of seclusion; nostophobia is the dread of disease; siderodeomophobia is the word applied to the fear of travelling by train. Every conceivable idea has been known as an obsession. This man cannot get a tune out of his head; that woman fears she may some day kill her child to whom she is passionately devoted. Another thinks that his friends believe that he hastened his father's death by filial neglect; and yet another is convinced that he will die of cancer, although he and his medical advisers agree that there is not a shadow of foundation for such a dreary apprehension. To all these therapeutic applications of hypnosis and suggestion detailed reference will be made

in a later chapter ; they have been mentioned to allow the reader to get as wide a survey of the field as possible at the beginning of this volume.

We pass now to the fourth and last group of phenomena enumerated on page 71, namely, those which are termed post-hypnotic. By this term is meant the performance of a command, given during hypnosis, after the hypnotic condition has been ended. A suggestion that takes effect during hypnosis may be made to take effect post-hypnotically in suitable subjects. Motor and sensory phenomena can be induced, as, for instance :—

1. *Voluntary actions*.—The subject is told during hypnosis that at 11.57 next day he will come to the operator and ask the loan of a pencil ; he does so, and as the words leave his mouth he gives a little start and says : "I believe you must have told me yesterday to do that," showing that up to that point he had no suspicion that the act was not spontaneous.

2. *Automatic actions*.—The subject is told that he will have an action of the bowels ten minutes after he has risen from breakfast each day for a week. The suggestion is carried out regularly almost to the minute.

3. *Sensory phenomena*.—A suggestion is made during hypnosis that on waking up his headache will have gone, or that he will feel thirsty half an

hour later and ask for a glass of water, and in any suitable subject the suggestion is effective.

4. *Hallucinations*.—The operator tells the victim that in two days' time he will fall asleep and imagine himself to be his brother, and this takes place.

5. *Delusions*.—The subject is told during hypnosis that when he wakes up he will think that the water-jug contains wine. He is offered a glass of water after waking and refuses it because he is a teetotaller.

These examples are given merely to show the possibilities of post-hypnotic suggestion, but it must, of course, be clearly understood that no reputable physician makes use of this phenomenon except for definitely curative and scientific reasons, and also that it is by no means every subject that will respond with certainty to complicated post-hypnotic suggestions.

Two further features of post-hypnotic suggestion must be referred to, namely, "continuative suggestions" (Moll) and "deferred suggestions," or suggestions *à échéance*. If a suggestion is continuative, the subject begins the fulfilment during hypnosis and continues it after hypnosis has ended. I say to the subject: "Count up to twelve and wake up when you reach six." He is asleep till he gets to six, and then wakes but continues counting.

If a post-hypnotic suggestion is deferred, a given period of time must elapse before its execution. This period of time may depend on a given time-signal, as, for instance, "When you hear the clock strike ten, you will light a cigarette," or else it may depend on a subconscious calculation. This subject has been worked out in a masterly way by Milne Bramwell, to whose books the interested reader must refer. We shall only quote two instances here.

On one occasion Milne Bramwell ordered a patient to make a cross on a piece of paper and write down the time without looking at a watch, in 5 hours 20 minutes. It was correctly carried out. In a few days she was executing correctly such elaborate orders as "187 hours 50 minutes," and so on. The writer once ordered a patient, Mr. G., to sneeze three times in 375 minutes. It was then 12.32. The suggestion should therefore have been executed at 6.47 p.m. It actually occurred at 6.51 p.m.—that is, four minutes late.

It will thus be seen that in suitable subjects there is ample evidence not only of the subconscious "filing" of orders, but also of considerable calculation and observation. The special therapeutic application of this truth is too wide to be dealt with in this chapter, and consideration of it will be deferred to a later part of the book.

CHAPTER V

THE PSYCHOLOGICAL ASPECT

FEW phases of our mental life have elicited from the world of psychologists so many hypothetical explanations as that of the hypnotic sleep, with all its allied phenomena. These explanations, besides being numberless, are for the most part intricate and abstruse, and fitted only for the appreciation of the trained philosopher or scientist. Some are physical, some are psychical, and some are a combination of both. Moll has contended that in the nature of things it is, and always will be, impossible to explain hypnosis, but modern science has a wholesome aversion to the word "impossible." Moll also maintains that the physiological theories "may be looked on as the most unsatisfactory hypotheses," while Herbert Spencer maintained that "there is not the remotest possibility of interpreting mind in terms of matter." On the other hand scientists, like MacDougall, aim at and offer an explanation which

"must be psycho-physical." Bearing in mind the scope of this book—namely, to enable those who are not expert psychologists to attain an intelligent standpoint from which to consider the main features of hypnotism—we intend in the present chapter to give a simple working hypothesis which, while it contains nothing new in itself and is far from being scientifically exhaustive, may, it is hoped, provide the reader with a *façon de penser* that will be found helpful.

In the first place, the reader must never lose sight of the fact that the brain is an associating machine, and not a generator of ideas. In so far as it is able to associate and dissociate ideas in accordance with the requirements of the ego, its work is efficient, and vice versa. As far back as 1851 Bennett recognised that in hypnosis it is the synthesis of separate ideas that is disturbed. The motive power of our life consists in the emotions, and the result we call "conduct." The transformation of this potential energy into useful work is regulated by the reason or discriminating faculty, which acts—or should act—by constant reference to, and association with, previous experience. In sleep we have a natural condition of faulty dissociation and faulty association of ideas. In hypnosis we have an artificial condition of the same. The control of the associating mechanism is put out of action, and therefore con-

duct is fashioned in accordance with the suggestions of the operator, and independently of the reasoning control. Most explanations of hypnotism refer the phenomena to their source in the subconscious mind or subliminal self. Max Dessoir has worked out very fully his theory of the "Doppel-Ich." Others prefer to speak of the waking and dream consciousness. Boris Sidis has coined the terms of the waking and subwaking selves. Other psychologists refer by preference to primary and secondary personalities, while F. W. H. Myers has made popular his theory of the subliminal self.

Reading the views of some writers, one would gather that the subconscious mind can do all that the conscious mind can do, and a great deal more ; that our conscious mind is merely a poor substitute for this mysterious subconscious mind, and that to dub any abnormal phenomenon as subconscious is an adequate and satisfactory explanation of its abnormality. The mind is pictured as a two-storey bungalow, in which all the largest and most important rooms are on the ground floor, while we only have access to less desirable premises on the first floor. One writer has even gone the length of producing a diagram of the brain, in which he marks out the seat of unconscious cerebration, though he is good enough to allow that his geography is hypothetical. Let the reader clear

his brain once and for all of this conception of two separate minds, and let him endeavour to realise how one mind may work in two or more ways so as to produce the various phenomena dealt with in this volume. Let him realise that normally the mind is one. Bain expresses this idea of unity of mind thus :—

"Mind must be understood to cover the entire stage of mental impression when absolutely inactive and exercising no mental agency. The term 'conscious' refers purely to the moments of mental wakefulness or mental efficiency for definite ends."

Galton refers to "the vast multiplicity of mental operations that are in simultaneous operation, of which only a minute part falls within the ken of consciousness."

The difference between conscious and subconscious depends on the extent to which the ego is aware of mental activity. If this view is clearly kept in mind it will save the reader from many tangles and popular fallacies, that lead to an absurd and unwarranted hypothesis of a dual mind.

Let us imagine the entire field of psychic activity to be represented by a screen, and let us conceive of the attention as illuminating a certain area of that screen in the same way that a magic lantern or searchlight might do. The ego that controls that attention can influence it in two ways.

1. By bringing it to a sharper or less sharp focus, and at the same time reducing or enlarging proportionately the illuminated area.

2. By directing the light in one direction or another, up and down, to right or left.

Thus we see that the will can determine the area of attention, and can also select the central point of attention. What is within the illuminated area we are conscious of; what is outside it we are unconscious of; while there is a zone of partial illumination surrounding the illuminated zone in all conditions except those of intense and therefore very limited illumination. In other words, the more I concentrate my attention on a given subject, the more intensely am I aware of my thoughts in regard to it, and the more completely do I become unaware of everything else that is going on in my mind; and, conversely, if I am "letting my mind wander," I am aware to a greater degree of my mental activities, some with moderate intensity, some with less intensity, and some very feebly indeed. But if our analogy is to carry us farther, we must postulate two other attributes for our lantern. The first is that it cannot, under normal circumstances, reach certain outlying parts of the screen. In other words, there are processes going on in our brain of which, normally, we are never aware.

For instance, when I blush, the necessary order

for the dilatation of certain blood-vessels in my cheeks, has emanated from my brain, by association with certain emotional states, but, do what I will, it is impossible for me to become aware of this mental process or to perform it voluntarily. We shall see later on how, under hypnosis, these outlying areas of mental activity can be reached by the attention. Again, if our analogy is to carry us farther, we must postulate a tendency on the part of the lantern to move itself to any part of the screen at which something unusual is happening ; and this tendency is like every habit, liable to grow stronger by repetition, and to demand more and more effort if it is to be successfully resisted. Thus, if I am immersed in an interesting book, my attention should be well focussed on the matter I am reading. If, however, I am slightly aware the whole time that my feet are cold, it means that the focus is not sufficiently intense, and that I have not succeeded in keeping in the dark the centre at which the sensory impressions from my extremities enter my mental field. In other words, the semi-illuminated zone should have been darker. Again, if an unusual sense-impression reaches my brain as I read—say, the sound of a pistol-shot close at hand —my attention is almost certain to leave the book even momentarily and illuminate the area involved by this startling sensation. But if I became aware

of the cat scratching at my door, it might reasonably be expected that this sensation would be ignored—in other words, that my attention would remain fixed on the book and would not be deflected by a stimulus so slight in degree and so commonplace in nature. Or, again, if in the course of my reading I come to a subject which is surrounded in my mind with pre-existent associations, my attention will tend to follow some of these lines of association—the mention of Paris will bring up memories of my last holiday—and my power of voluntarily overcoming this tendency is one more criterion of the efficiency of my attentive control.

Thus we see that the control of our attention is normally influenced in three ways, namely—

1. Voluntarily.
2. Involuntarily, by the attraction of external stimuli.
3. Involuntarily, by the attraction of associated concepts.

The degree to which our voluntary control can overcome the involuntary movements of the attention is one of the surest measures of our mental efficiency. The first aim of all true education is to enable the individual, as far as possible, *to determine his own area of consciousness*. A few quotations from well-known psychologists will bear out this contention. Ebbinghaus says, "Attention

is the result of a process of selection ; it consists in a narrowing or concentration of the mind [1] upon a certain number of the sensations and images which the external conditions obtaining at any moment render possible."

Attention is defined by another writer as the maximum of our psychic activity, or a shifting functional maculalutea—*i.e.*, the central spot on the retina which receives visual images. Moll defines attention thus : "The power of giving prominence to certain ideas and other mental processes." And from this he argues that in hypnosis there is an alteration of attention.

Stout says : "The volition to attend is strictly analogous to the volition to move the arm or perform any other bodily action. It follows from this that our voluntary command of the attention must depend on our voluntary command of the motor processes of fixation." MacDougall describes attention as "the inhibition or depression of all mental processes save those concerned with the object of attention." But the following brilliant passage by James will perhaps help more than any other to bring home to the reader this conception of the field of attention :—

"The important fact which this 'field' formula commemorates is the indetermination of the

[1] Note that the word "mind" is here used in its narrower meaning of consciousness.

margin. Inattentively realised as is the matter which the margin contains, it is nevertheless there, and helps both to guide our behaviour and to determine the next movement of our attention. It lies around us like a 'magnetic field,' inside of which our centre of energy turns like a compass needle, as the present phase of consciousness alters into its successor. Our whole past store of memories floats beyond this margin, ready at a touch to come in ; and the entire mass of residual powers, impulses, and knowledges that constitute our empirical self stretches continuously beyond it. So vaguely drawn are the outlines between what is actual and what is only potential, at any moment of our conscious life, that it is always hard to say of certain mental elements whether we are conscious of them or not.

"The ordinary psychology, admitting fully the difficulty of tracing the marginal outline, has nevertheless taken for granted, first, that all the consciousness the person now has, be the same focal or marginal, inattentive or attentive, is there in the field of the moment, all dim and impossible to assign as the latter's outline may be ; and, second, that what is absolutely extra-marginal is absolutely non-existent, and cannot be a fact of consciousness at all."

Hypnosis is essentially a condition in which the operator obtains the control of the attention and

is enabled to manipulate it independently of the individual's natural attentive processes. It partakes of the nature of waking attention in that its direction is controlled, though not by the subject himself, and in that selection is actively at work. It partakes of the nature of dream attention in that it lacks intensity. It may be said of the attention that normally the intensity is in inverse ratio to the mobility; in hypnosis both intensity and area are restricted. In the waking state the degree of a stimulus needed to attract the attention is the measure of the power of attentive control or concentration of which the individual is capable. That the hypnotic condition is primarily an artificial state of attention will be seen from the following paragraphs.

In 1847 Braid stated that the so-called hypnotic condition was one of mental concentration. Hughes Bennett endorsed this view later on. Bernheim, with much precision but less lucidity, states that "owing to this paresis of the psychic activity of the voluntary regulator of the cerebro-spinal automatism, the latter becomes exaggerated and dominant."

A German writer has stated that the increased activity of the mind in hypnosis is due to the increased concentration of the attention, and Moll describes as follows the part played by the attention in the production of natural sleep and hypnosis :—

"I have seen cases in which the subjects fixed their gaze, but did not concentrate their attention. The subsequent state was an ordinary sleep, out of which the subjects awoke when I made verbal suggestions to them, however softly I spoke. It is the same thing when we wish to decide whether a tedious speaker hypnotises his audience. Many people grow sleepy, or even fall asleep, in such a case. I consider the state one of ordinary sleep, produced by the subject failing to concentrate his attention. If he concentrates his thoughts on the speaker he will not go to sleep; in this case his state of partially strained attention much resembles hypnotism."

Münsterberg practically denies the subconscious element in hypnosis, stating that the condition depends on abnormal attention on the part of the subject to the operator.

Wingfield observes very rightly that the "aim of all methods is the same—to induce a condition in which the subject shall be partly or wholly incapable of resisting suggestions." And again: "The more one sees of hypnotism the more one is convinced that the real value of these processes consists in . . . fixation of the attention and limitation of consciousness."

Boris Sidis gives the following list of conditions of suggestibility:—

1. Fixation of the attention.

2. Monotony.
3. Limitation of muscular movement.
4. Limitation of consciousness.
5. Inhibition.

Bernheim says: "All degrees of variation (of consciousness) may exist between the perfect waking condition and the condition of *perfect concentration* which constitutes somnambulism"—*i.e.*, the deep stage of hypnosis.

Wingfield strongly insists on the very important truth that the patient throws himself into the hypnotic state and that the operator only directs.

Milne Bramwell also points out the primary importance of concentration on the part of the subject: "If the patient can *concentrate his attention* upon something restful and turn it away from the operator, this apparently plays an important part in the results obtained."

Wingfield is also responsible for the following statement: "It is amazing what an immense difference concentration makes. I explain to every patient that the essential thing is the restriction of wandering thoughts, and that to ensure this he must fix the attention on some idea or set of ideas. The power of hypnosis, then, resides in the suppression, partial or complete, of the inhibitory forces of the waking or primary consciousness."

Moll says: "As it is most important to hypnosis

that the attention should not be distracted, many people are first of all obliged to learn to concentrate their thoughts." Similarly, Braid complained that subjects with very mobile brains were difficult to influence.

It will thus be seen that the phenomena of hypnosis, depending largely on the manipulation of the attention, are produced with more or less ease, according to the attentive control of the subject and the suitability of the methods employed to fix the attention and dilate, as we might say, the pupil of the mind.

But if the phenomena of hypnosis depend on states of attention, these latter are also the basis of a far wider range of phenomena—namely, those known as "suggestion." It has been pointed out in a previous chapter that hypnotism is not suggestion and suggestion is not hypnotism, that all the effects of hypnotic suggestion are due to the suggestion, but that the hypnosis is at times essential to enable the suggestion to become operative. Now, every case of surrender of the attention sufficient to secure the passive reception of ideas is a state of suggestibility and of incipient, or partial, or potential hypnosis.

The auctioneer lives by suggestion ; he states only the reason in favour of purchasing an article, and does it so fast that no ordinary intelligence can consider the reasons *against* purchase before

his decision must irrevocably be made. In other words, the attention of the bidders is fixed, and the reason cannot get free play to prevent the auctioneer's suggestion becoming operative. Suggestion is a change which is effected in the relative values of our ideas ; it is "an invasion into the associative dynamics of the mind," as Forel brilliantly describes it ; it is a mental process in which the part played by the reason is less than it should be. It has been defined by Myers as "the process of effectively impressing upon the subliminal intelligence the wishes of the man's own subliminal self or of some other person," or as "a successful appeal to the subliminal self." But these definitions necessarily suffer from the fault, already referred to, in Myers's views on the whole question.

Let us, then, understand clearly that suggestion is not necessarily associated with hypnosis, but that hypnosis—as a therapeutic agent—cannot be dissociated from suggestion. In actual practice it is very difficult to determine the exact point at which we pass from waking to hypnotic suggestion, but, fortunately, this is not usually a matter of importance. At the same time, there are certain occasions and conditions in which it is extremely desirable that the patient, on completion of the sitting, should not have any remembrance of the nature of the suggestions made,

and in this case close observation is required to ascertain the point at which this result will be attained.

The reader will have realised ere this that there are different ways of manipulating the attention ; and these fall naturally into two groups—active and passive. Just as remedial movements of the body may be either active or passive, so the attention may be treated by active or passive measures.

CHAPTER VI

THE PSYCHOLOGICAL ASPECT (*continued*)

We now pass on to examine in further detail certain psychological aspects of our subject.

Let us take first the will. It has already been pointed out that the abeyance of will power or domination of the subject's will by the operator's is only a relative matter. The subject will accept suggestions from the operator only to a limited extent, varying according to the degree of hypnosis attained and the susceptibility of the subject. In actual practice it is rarely possible to insure the performance of a disagreeable or very unusual act, and it is never possible to insist on an immoral act or one which is contrary to the deep-seated instincts of the subject. That this should be so is very comprehensible if we bear in mind the nature of the process. The operator by suggestion holds the subject's attention on a given idea ;

by so doing he gives that idea an exaggerated value, while the value of all antagonistic ideas is diminished by the inability of the subject to attend to them. In other words, the operator's suggestions increase the mental coefficient of any idea. But that is not equivalent to saying that all antagonism is cancelled. Far from it. If the subject is told that he feels the necessity to blow his nose and that he will do so, it is obvious that the suggestion is a simple and frequent one, and that the possible objections to its fulfilment are few and trivial, so that it should not be difficult to ensure its execution. But if the suggestion is made that the subject will go to the window and put his fist through a pane of glass, we have to exaggerate enormously the mental coefficient of a wholly unusual act, and at the same time to annul the antagonism of deep-seated instincts—*e.g.*, the fear of personal injury, the fear of the householder's anger, and so on, and it therefore becomes a matter of extreme difficulty, if not of complete impossibility, to increase the value of the window-breaking idea to an extent sufficient to make it overcome the very powerful antagonistic ideas, and to reduce the value of the latter simultaneously.

Our will power consists in our ability to keep our attention evenly distributed on all the pros and cons of a proposed act. In so far as we

succeed, there results an action which accords with our standard of rational conduct. If the pros are very powerful, they will be able to overcome cons that are relatively less powerful, and conversely if the antagonistic ideas are of trifling value they will permit of the execution of an act in favour of which little can be said. The ill-balanced man or the lunatic is incapable of giving correct values to the various ideas that should be the basis of a decision. He cannot keep his attention evenly distributed on them, and therefore his conduct departs from the standard of rational conduct. If an individual allows himself to act before he has fully considered all the relevant ideas connected with the proposition, we call him impulsive. If he does not allow himself to act when he has fully considered these ideas, we call him undecided. This divergence from the normal may be more and more marked till we reach at one extreme mania, and at the other apraxia. In his "Philosophy of Mind" Ladd says: "As in the case of the insane so in the case of the hypnotic: between the wildest vagaries of a pathological sort, and the most regular operations of the sanest mind, it is possible to interpolate an innumerable series of gradations, so as to shade up or shade down from the one into the other." In hypnosis it is the same, with the limitations already stated. The operator manipulates the attention in such

a way as to exaggerate the weight of the ideas that favour the suggested action, and to reduce the weight of those that would tend to inhibit it. Now, the mental coefficient of an idea depends largely on its relative standing in our mental system. An idea which has become ingrained in our natures since our earliest childhood is surrounded by paths of least resistance which allow the attention to reach it with special ease, whereas one that has been recently implanted requires a greater attentive effort to insure that it will receive its full value. It follows, therefore, that the factors which have to be dealt with in order to "overcome the subject's will"—to use the hackneyed and misleading popular phrase—are the following :—

1. Susceptibility of subject.
2. Skill of operator.
3. Mental coefficient of suggested act.
   - (*a*) Intrinsic value of favourable ideas.
   - (*b*) Relative standing of favourable ideas.
   - (*c*) Number of favourable ideas.
   - (*d*) Intrinsic value of antagonistic ideas.
   - (*e*) Relative standing of antagonistic ideas.
   - (*f*) Number of antagonistic ideas.

It will thus be seen that to attain the execution of an immoral act so many obstacles are encoun-

tered as to render it practically impossible, except in the case of a thoroughly immoral subject, whose will would be wholly in accord with the suggestion. Spinoza said : "The illusion of freewill is nothing but our ignorance of motives which determine our choice." These motives are often much too powerful to be overcome by any suggestion, however suitable the conditions.

It is often said by the objectors to hypnotic treatment that "the patient comes to depend on the doctor." In some ways this is true. A miserable invertebrate, who can make no decision in life, without much previous vacillation and many subsequent changes, whose sleep has become dependent on drugs, whose health has been undermined by mental instability—such an one will come to depend on any doctor who takes him in hand gently but firmly, makes many of life's decisions for him, teaches him to sleep without drugs, and restores to him, in some measure, feelings of well-being. The psychotherapist will be able to do this better than any other, or perhaps we should say the doctor who can do all this is a psychotherapist ; the greater his skill the more successfully will he develop the self-reliance of his patient, and the more he makes the patient depend on him the meaner are his powers. But this does not involve hypnotism necessarily : it applies with equal truth to the treatment and training of any

one of unstable mental equilibrium, and surely it is better that such a patient should lean on the advice of a sound medical adviser than on unscrupulous and interested counsels, alcoholic stimulants, or sedative drugs?

Let us turn now to the relation of hypnotism to sleep. The causation of normal sleep has been attributed by some to chemical changes, by others to neural fatigue processes, but it is most usually ascribed to circulatory phenomena. Without entering into the intricate and highly technical discussions which have been carried on in regard to this subject, we may take it that there are two main factors in the production of sleep—

1. Temporary cerebral anæmia.
2. Fixation of the attention.

Either of these factors is probably capable of producing sleep, and the failure of either is often sufficient to prevent sleep. Thus the man with a high blood pressure suffers from so-called "gouty insomnia," and no amount of cultivated equanimity will take the place of appropriate drugs. On the other hand, a patient with a perfectly normal circulation but who has lost all attentive control, will describe to us the way in which, as soon as his head touches the pillow, the brain begins to whirl. A torrent of ideas floods his mind, and the more tired he be, the more active does his brain become. It is the same when we try to induce

in such an individual the hypnotic sleep. Lehmann has worked out very elaborately a theory of suggestibility dependent on the variable supply of blood to different brain centres, but it is generally considered that he has made, out of certain little known concomitant phenomena, a theory of causation which cannot command credence.

Every suggestion and every act of the operator attracts the attention which is devoid of resisting power. Our endeavours to fix his attention demand too much effort and defeat their own end. The man who is most easily hypnotised is the man whose attention can be most easily fixed, and, speaking in general terms, this quality may depend either on well-developed powers of concentration, which allow the subject to co-operate with the operator actively, or on a slow and apathetic attentive process which reaches a stationary condition by mere submission or inertia—passively, as opposed to the active manner of the first type. What applies to the induction of hypnotic sleep applies in general to ordinary sleep, physical factors being assumed to be equal. During sleep we dream, and it is unquestionably true that we dream continuously. When we talk of a dreamless sleep we really mean that we remember nothing of our mental activities during sleep. The dream consciousness is the natural condition most closely resembling suggested sleep. In our dreams we

are all artists : the centre of our consciousness—such as it is—is occupied by an endless pageant of associated ideas, untrammelled by the force of logic and unbridled by the power of reason. Spontaneity is the essence of dream thought, just as it is of artistic work. Selection is the essence of reasoned thought, which is thus the antithesis of dream thought. In between these two extremes we get the mental activity of the artist, who depends on spontaneous association, but checks it with a certain regard for convention, suitability, and harmony, and the mental condition of the hypnotised subject in whom suggested associations replace spontaneous and selected associations. Furthermore, the hypnotised subject may or may not remember when he is awakened the suggestions made to him, though he may give ample proof of having heard them by executing post-hypnotic commands.

It is often said that people of the so-called artistic temperament are more frequently victims to insomnia than those more matter-of-fact individuals who cannot claim to possess this somewhat ill-defined distinction. If the observation be correct, the explanation of the fact lies in the fundamental difference of mental activity. The artist lives by his imagination ; automatic association keeps his attention in play ; he has to "wait till the ideas come," and let his attention follow

them as they develop spontaneously their own lines of association. The matter-of-fact man—let us take a lawyer as a type—must live largely by the continual exertion of voluntary selective attention. Automatic associations "spoil the thread of his argument;" active and voluntary concentration and control of his attention are essential to his work. It is therefore more probable that the lawyer, rather than the artist, will be able to bring his attention to a standstill when either the hypnotiser or Nature demands that diffuse condition of attention which we call sleep.

But the value of any hypnotic state for therapeutic purposes depends only indirectly on this diffusion of the attention. We have already seen that the essence of a suggestion is the "inadequate rational basis" for its execution. The diffuse—or non-alert—state of the attention involves a corresponding degree of inactivity of the reasoning or discriminating faculty. What cannot be done by persuasion is done by suggestion, when the individual's rational opposition to the suggested idea is weakened or removed, be that opposition merely the result of previous personal experience or the inexorable demand of a general logical principle. The absurd and inconsequent character of our dream experiences depends on the same cause as the acquiescence of the hypnotised subject in the most preposterous suggestion of the

operator. In each case discrimination is in abeyance, because association is faulty, which in turn is due to the inactivity of the attention.

There is, however, another phase of cerebral activity which has much in common with hypnosis. All reflex action consists essentially in response to stimulation without discrimination. Here the elimination of the reasoning control is due to the previous establishment of the reflex arc—a cerebral short-circuit. There are, of course, various classes of reflex action—the spinal, medullary, and cerebral ; their genesis and development is a matter of the utmost interest and importance, but the only one that really interests us at present is the highest form, in which the sensory and motor elements—*i.e.*, afferent and efferent—are the same as in the case of a volitional act, whereas the path between them avoids the higher intellectual centres. The classical example of this kind of reflex is the well-drilled soldier, who will, under any circumstances and in any place, instinctively obey a sudden call to " attention " without reflecting on the suitability of doing so or not. It is much the same in hypnosis ; if the patient is given a command, he executes it in a manner exactly analogous to the higher reflex act—*i.e.*, without due discrimination.

Still more akin to hypnotic mentation is the whole subject of instinct. Here selection is at

work ; one associated idea is preferred to another, but there is no actual reflection involved in this form of selection ; it is a subconscious preference. We say quite correctly that we instinctively cross the street when we see some one coming whom we dislike. This is not an instance of reflex action, nor has it necessarily involved reflection ; it was probably the result of subconscious selection, and in this respect closely analogous to the action of a hypnotised person, the chief difference being that in the first case the selection was natural and in the second it was artificial, but in each an action took place which involved selection and yet was not a conscious selective effort of the attention. We may thus tabulate the various mental states according to the degree of selective control regulating the association of ideas :—

NATURAL	ARTIFICIAL.
Waking state	
Instinct	Hypnosis with suggestion
Dream consciousness	Hypnosis without suggestion
Reflex action	

Personality is perhaps the most mysterious and fascinating region of psychological investigation, and it is one on which much light has been thrown by researches in hypnotism. What is it that makes

a man say that he is "feeling like himself"? What causes the piteous wail of the neurasthenic: "Doctor, I feel as if I weren't myself; this fog comes down on me and my own self seems to fade away"? What is it that causes the marvellous phenomena of dual personality and splitting of consciousness? It is easy for us to answer, "faulty association," but are we much farther on?

Max Dessoir's theory of the "Doppel-Ich" has received support from such eminent authorities as Janet, Sidis, F. W. H. Myers, Gurney, W. James, and Lowenfeld; but, on the other hand, it is rejected by many eminent psychologists. There is doubtless something romantic and seductive in the supposition that we harbour in our minds a second personality capable of mental feats impossible to our every-day self, but it is a hypothesis so clearly made to fit a small number of morbid cases as to need very clear confirmation before we are justified in accepting it for the normal individual. In hypnosis we can temporarily alter the individual's personality, if he be a sufficiently susceptible subject, by suggesting that he is not himself but his brother, or a character in history, or the operator, and so on. The result of these suggestions is such a rearrangement of the mental associations, such an obliteration of some groups of ideas, such an intensification of other groups,

that the individual behaves as if he *were* the suggested character. It reminds one of certain familiar illuminated signs which reveal first in green letters the name of the maker, and then in red letters on the same spot the name of the article, and with unceasing persistence alternate these two devices for many hours. In hypnosis we can, as it were, switch the current from "Jones" in green letters to "cocoa" in red letters, having previously made sure that our subject had stored up in his mind the necessary ideas to make up the second personality. Suggested alteration of personality is not altogether mysterious, but the spontaneous phenomenon is far more baffling. Why does Jones find some of his lamps going out unexpectedly and as unexpectedly lighting themselves again? Why do some of them shine at one time and the rest at another, and never all at once? Or how is it that, like Dr. Jekyll, who occasionally finds he is Mr. Hyde, Jones discovers—but without horror—that his green lamps have all turned red and spell not "Jones" but "cocoa"? Mere confusion is never hard to understand, but co-ordinated transformation occurring spontaneously *donne à penser*.

The consideration of personality naturally involves the question of memory, for the obliteration of any series of associations is equivalent to

the inability to recall them. Memory is made up of three parts.

1. Retention—*i.e.*, forming associations.
2. Reproduction—*i.e.*, using associations.
3. Localisation—*i.e.*, using neighbouring associations.

Memory consists in the ability of the selective attention to follow up the trains of associated ideas and to reach the retained idea. But it is often the case that an individual with a so-called "bad memory" remembers a great deal more than the average man, but not at the time he wishes to recall it. In him the lost idea forces itself above the threshold of consciousness by automatic association more easily than by selective association—better in the dark than in the light, so to speak.

When we obliterate a memory by hypnotic suggestion we do not, of course, interfere with the associations already formed in the mind, as these are permanent; we merely inhibit reproduction or the power of using the associations. Similarly, in all cases of altered personality, the groups of associations which appear to have vanished, are present, although the individual has lost the power of using them. This state must be clearly differentiated from loss of consciousness. We may recall, under certain conditions, an idea implanted when we appeared to be uncon-

scious of even painful stimuli, or we may recollect nothing of what was said or done to us at a time when we appeared to respond to the slightest stimulus.

CHAPTER VII

METHODS

It has been clearly stated that this volume is not intended as a handbook for the study of practical psychotherapy, and it might be objected on this ground that a chapter on "Methods" was uncalled for. We can, however, form no very intelligent idea of hypnotism and treatment by suggestion unless we understand the methods most commonly used. It is therefore with the object of attaining our intelligent standpoint that the following description is given.

The first thing that will strike the reader will be the apparent diversity of the methods and the conflicting evidence of their value. To explain this we must bear in mind several important points. Every psychotherapist has his failures and successes; one physician succeeds most frequently with one class of case and another with another; the methods of each are best adapted to the class

with which he succeeds ; they are the methods he uses most skilfully, and they produce results in his hands more consistently than do other methods which are less familiar to him.

We must never forget, therefore, that every method of inducing hypnosis is a manœuvre resorted to in order to reduce the activity of the reasoning faculty to a greater or less extent ; in other words, to induce a condition of heightened suggestibility. As we have seen in a former chapter, this depends on the impairment of attentive activity as regards the suggestions of the operator. It is not essential to induce a general condition of sleep nor yet drowsiness ; with a limited number of subjects it is possible to make very effective suggestions while the patient's mind is busily and actively occupied with a definite and absorbing train of thought. The immediate object of all methods used in connection with suggestion is an alteration of the state of the attention with regard to the suggestions made. That alteration may be general, affecting the whole mind, or localised, affecting only a portion of the mental field ; it may be slight or it may be great, but in general terms we may say that the actual hypnotic sleep is only necessary in a certain proportion of cases, though its induction may often assist us to get more rapid results.

The first step towards the production of a state

of suggestibility consists in the preliminary interview, the *entourage*, the reputation of the physician, and all the many factors which go to influence the patient's mental attitude.

In this connection Forel says : " It is necessary in all suggestive treatment to gain the confidence and appreciation of the patient ; it is necessary to proceed with steadfast assurance and with intrepid optimism, as long as there is hope." And again : " One brings the patient into an atmosphere of cures resulting from suggestion, and his brain then becomes prepared, surrenders, and is persuaded—*i.e.*, consents from the first to allow itself to be dissociated and not to offer any resistance."

Some patients present themselves with an unspeakable horror of anything like " mesmerism " and the occult. Others come with an almost morbid interest in hypnotism. Some are sufferers—like the Athenians—from an indomitable craving to try the latest and least conventional treatment, cult, or sensation. They belong to a great host that knows no leader but novelty, and the psychotherapist soon learns to recognise them and to expect little advantage to doctor or patient from their treatment. Others, again, come in despair, and care little for the methods employed so long as there is hope.

The psychotherapist must be prepared to deal

with each individual in the most suitable way, for, in many cases, the first interview decides the ultimate issue. Assuming that treatment by suggestion is indicated, the next step is the selection of the method.

Broadly speaking, there are two lines of inducing hypnosis. The first demands complete passivity of the subject, and leaves the operator to do everything. The second throws less work on the physician and expects more or less active co-operation from the patient. Charcot's school used methods of the first class, whereas some of the modern methods go to the opposite extreme.

Chombard has classified the methods used for inducing hypnosis as follows :—

1. Psychical.
2. Sensory.
3. Mechanical.
4. Physical.
5. Narcotic.

It is a little difficult to follow such a minute classification, and for our purposes psychical and physical will serve. Narcotic methods are but rarely resorted to by most psychotherapists, and deserve only a passing mention. An injection of morphia is said to be helpful in some cases, while others can sometimes be easily hypnotised by the aid of a mere whiff of chloroform.

We shall now enumerate briefly the methods described and recommended by a number of prominent psychotherapists.

VOGT. Accustom the patient to the *rapport* consistently by very brief repeated hypnosis, after which he should relate his sensations exactly: avoid giving suggestions in such a way that the patient does not execute them soon. Avoid a commanding tone of voice.

BERNHEIM. Request the patient to sit in an armchair; have him look straight into your eyes for a few seconds, but not longer than one minute, declare to him loudly and firmly but in a monotonous tone of voice that his eyes are already moist, his eyelids are heavy, and that he feels a pleasant sensation of warmth in his legs and arms. Tell him to look at your thumb and forefinger, and depress them unnoticeably so that the lids follow. If the eyelids fall to of their own account, you have gained your end. If not, say, "Close your eyes."

LLOYD TUCKEY. The environment should favour natural sleep; it is sometimes helpful to hypnotise one or two patients in the presence of a new-comer; some friend should always be present. Sit beside the patient and hold two fingers at twelve inches from the eyes in such a manner that his gaze shall be directed upwards in a strained manner. Direct him to look steadily

at the tips of your fingers and to make his mind a blank as nearly as possible. After about half a minute a far-away look will come into his face. His pupils will contract and dilate and his eyelids twitch. If necessary, shut the eyes gently and proceed to verbal suggestions of drowsiness. It sometimes helps to lay the hand gently but firmly on the forehead.

MILNE BRAMWELL. Explain the method to the patient ; tell him about the secondary consciousness and its powers and say, "Next time you come we shall not talk about anything until after treatment. You will sit down in an armchair and close your eyes. While you are resting I shall make suggestions of two kinds, but I do not want you to listen to them. You will always hear my voice, but I wish it to be a drowsy accompaniment to your restful thoughts. While I am making suggestions try to concentrate your attention on some restful mental picture ; its nature does not matter as long as it *is* restful. This concentration is simply an artifice to turn your attention from my suggestions ; the theory being that if your normal consciousness is absorbed in this way the suggestions more easily reach the secondary one." Explain that you possess no occult power ; that you are simply going to try to arouse forces that are latent in the patient's own brain. The first suggestions refer to the condition to be created

while the patient is in the armchair. The others are curative, and vary with each case.

GROSSMANN. First of all suggest suggestibility. Deal with the sceptic as follows: Tell him you are going to press on the conjunctiva with your finger, although he will scarcely believe it, without producing any blinking. The experiment nearly always succeeds. The success of this experiment generally insures sleep on command. In other cases have the patient rest on a sofa in a half-sitting position and fix you intently with his eyes for a few seconds. Suggest warmth and heaviness of his limbs. Having said this, raise them slightly and cause them to fall suddenly by a slight push. If you do not observe the dazed expression ask the patient to close his eyes or do so quickly yourself; seize his wrists, the arms being flexed, and suggest that he is becoming so tired that he can no longer keep up but must sink back. Gradually push him back until his head is resting on the couch, and if necessary give the command to sleep.

WINGFIELD. The wisest plan at the first interview is, as a rule, not to try to hypnotise the patient, but to prepare him for being hypnotised when he comes again. Complete ignorance is frequently a real obstacle, for the patient often finds it impossible to keep sufficient control over his mind during what is to him a strange process.

Explain that he actually throws himself into the hypnotic state. Then describe what you will do —that you will get him to lie down and remain passive. Ask him to relax all his muscles and look at your two fingers. Tell him that in all probability his eyes will soon become heavy and close. Show him how you propose to do this, and it often happens that heaviness is at once produced. If the eyes close, state that he cannot open them, and so the first suggestion is made and carried out. If, however, there be no signs of heaviness, or if he betray nervousness, tell him that is all you intend to do this time. On the second day repeat the same process, and, as a rule, the eyes close. If necessary, make him fasten his eyes on yours for a short time. It is astonishing how suddenly this influences the subject. If the eyes do not close, tell the subject to close them, and confine his mind to one set of ideas. Keep on suggesting sleep, at the same time stroking the forehead monotonously. Suggest that the patient will find difficulty in opening his eyes, that his limbs are getting heavy, etc. If he remains unaffected, repeat the process. Failure almost invariably proves to be due to lack of concentration. In that case when he next comes try to find something upon which he is able to fix his attention. Self-suggestion is another great obstacle to hypnosis.

BETTS TAPLIN. At the first interview explain simply the theory of the treatment ; at the second proceed at once to treatment. The secret of success is the operator's power to convince his patient that he can hypnotise him. Let the room be perfectly quiet, the light dim, the patient's attitude easy. Assure him that he will feel more or less drowsy and that when the hand is applied to the epigastrium he will experience a feeling of warmth and comfort. Tell him not to pay much attention to what is said till he is asked to open his eyes. Hold a bright object on the two fingers. In about a minute begin drowsily to suggest sleep. The eyelids will now tremble and close in the majority of patients. Apply slight occular pressure. Suggest that when your hand is placed on the abdomen a feeling of warmth will be experienced. Apply the hand suddenly and lightly. After about five minutes tell him that when you count five he will wake feeling well and refreshed. Repeat the process for a period of about fifteen minutes ; suggest cure in a confident manner, with short intervals of silence ; tell him he will awake when you count ten, and so end the sitting.

J. F. WOODS. Place one hand on the patient's epigastrium while gently stroking his forehead with the other. Engage the patient meanwhile in conversation, with the object of securing his

full confidence. Let him relax his muscles to the full, and let no sound be heard but the rhythmic movement of your hand as you stroke the upper part of the face, or, possibly, the arms. This silence is often more impressive than words, and a suggestion made at the end of it is often more effective than the continual drone of a voice making the same suggestion in different words.

ADKIN. Have the subject seated so that his shoulders are above the back of the chair. Stand at the subject's right side, and grasp his temples with the thumb and the first three fingers of the right hand. Make the pressure light. With the left hand grasp the subject firmly at the back of the neck. This has a tendency to shut off the flow of blood into the head. Tell him to close his eyes and think determinedly of sleep and to repeat constantly to himself that he is so tired and sleepy. Then roll the head from left to right until you think the subject is asleep. Keep suggesting, "You are so tired and sleepy that you cannot hear any sound but my voice; if any one calls you, you will not answer, you cannot hear them; when I count ten you will be sound asleep." Count up to ten slowly, then say, "You are sound asleep; everything is dark." Make the circle gradually smaller until the head stops. As the circle diminishes continue to suggest in the

same monotonous tone, "You are so sleepy." Decrease the pressure on the back of the neck. Gradually relax the right hand and place it over the subject's heart. Say, "You are breathing deeper." As he inhales release the pressure and as he exhales increase it. Talk to him all the time. If thoroughly tried, this method will be found superior to most others.

The description which has now been given of the methods of different practitioners will suffice to give an idea of the way in which the laws governing the subconscious are put to practical use.

In the first place the reader will have noted certain fundamental differences in technique. Woods and Milne Bramwell, for instance, do not aim at producing hypnosis, whereas others try to attain sleep more or less deep. In regard to this point Liébeault, while emphasising the value of deep hypnosis, remarks that some subjects are as susceptible to suggestion in the light stages as others in the deep. This is unquestionably true, and explains why those who have foresworn the use of deep hypnosis get such excellent results in many cases and such conspicuous failures in others. Moll says: "Certainly opinions differ as to what should be the depth of the hypnosis; but I agree unconditionally with those investigators who consider that suggestion is a much more powerful

therapeutic agent in deep hypnosis than in superficial, and I cannot understand how any one can maintain the contrary."

Wingfield, in criticising Milne Bramwell's method, says: "It is clear that the method is a process in which limitation of consciousness and monotony have a part, so that we may reasonably suppose that some amount of hypnosis may often occur. . . . In one successful case of mine the result was certainly due to self-suggestion, for I had merely repeated 'The Walrus and the Carpenter' in a low tone."

If the reader will refer to the theory of hypnosis and suggestion given in Chapter V., he will find it possible to reconcile this difference. The aim of the operator is to implant on the subject's mind an idea which will become executive "on an inadequate rational basis." Diversion of the attention with very slight diffusion may suffice to insure the reception of the suggestion in a region of the mind but dimly illuminated by conscious attention. On the other hand, if the diffusion is complete, *i.e.*, if the patient is asleep, the suggestion has a far greater certainty of escaping the censorship of the reason and the attention. For my own part, I have the greatest difficulty in believing that suggestion in slight hypnosis, or the waking state, is as efficacious as suggestion in profound hypnosis, when we are dealing with those diseases

which involve lower brain centres. The obsessionist, the "phobique," the neurasthenic may be susceptible to the maximum benefit of suggestion while in a waking state, but the stammerer, the victim of morbid blushing, the sufferer from tics and spasms—these and many others require, in the writer's opinion, the deepest stage of hypnosis attainable.

The reader will also have noticed that while some practitioners recommend the use of passes as essential, others use purely psychic means of attaining hypnosis. Here, again, we must refer to our theory. The use of passes constitutes a monotonous stimulation of a given group of sensory brain centres. It tends to keep up unremittingly a condition of *awareness* in that particular region; in other words, the attention is fixed and at the same time fatigued. The result is that wandering of the attention is avoided, and an actively alert condition becomes almost impossible. Monotonous droning—whether it consists of suggestions of sleepiness or extracts from "Alice in Wonderland"—performs precisely the same function, with the exception that the auditory centres, instead of those of the tactile sense, are dealt with. It is, of course, well known that the skilful application of manual massage tends to make the patient sleepy. Here the same psychic elements of monotony and fixation of the attention

enter into combination with the physical factors which act through the circulation and lymph stream. In this connection Moll says: "I know of no well-authenticated case in which sense stimulation has produced hypnosis by a purely physiological action." On the other hand, emphatic suggestions act rather differently, especially if they are delivered rapidly as is the practice of public performers. In this case the "inadequate rational basis" is secured by a process more akin to paralysis of the reasoning faculty. The suggestions are made so that the "pros" appear to outweigh the "cons," and no time is allowed for the "cons" to be considered. In both these classes of methods of suggestion the attitude of the patient must be essentially passive; the operator does everything: the more successfully the patient can make his mind a blank the better; the better he can extinguish his own thoughts the more quickly will he respond. On the other hand, it will be noticed that some of the authors quoted above expect of the patient an active co-operation—as when he is told to fix his mind on a restful picture and to keep his attention diverted from the words of the operator. In this case the degree of attentive immobility attained, depends on the effort of the patient, and also on the avoidance on the operator's part of any suggestion which in nature or manner is calculated to attract the patient's

attention and break down his conative control over his attention.

It is unquestionably true that all these methods have their value, and the really skilled psychotherapist is not the man who, like Paganini, plays on one string only and decries every other method, but it is he who not only can make use of each method with skill and success, but also can with precision and rapidity decide the best method suited to the temperament and condition of each patient. In general we may say that if the patient shows good powers of concentration it is desirable to use the methods which demand active co-operation on his part, such as visualising. On the other hand, if the patient, by reason either of his condition or of his temperament, seems incapable of helping actively, those methods should be used which only require passivity—monotony of any description, passes, and so on. It will be noticed that, in some of the methods described, the patient is asked to make his mind a blank, while, in others, he is told to visualise a picture or scene. To most people it does not come easily to wipe the tablets of their minds clean for any length of time, whereas different forms of occupation are, as a rule, more efficacious in securing the exclusion of outside thoughts. A great deal depends on the type of mental exercise chosen. "A restful mental picture" is rather vague, and it is well to make the patient

ascertain by trial what best accomplishes the desired end. The writer has come across the following selections among his patients : A familiar walk, the parade at Margate, the sign of infinity ∞ (this used in time with the breathing), Tschaikowsky's " Symphonie Pathétique," the bunkers on St. Andrew's golf course, garden-planning. This list could be extended indefinitely, but it will suffice to show that a good deal of importance should be attached to the subject selected for concentration by the patient.

Again, some of the authorities quoted above make a great point of convincing the patient that he can be hypnotised by the operator. This may be important in many cases, but there are certainly some in which it will tend to defeat its own end. Some patients must be assured that they can be hypnotised ; others need to be told (when one can conscientiously do so) that hypnotism is a mere stage, that suggestibility will come first, and that only the latter is of vital importance.

One of the most important points in technique is little known or understood in this country—to wit, collective hypnosis. On the Continent many of the most successful practitioners have used it for years ; for example, the late Wetterstrand, of Stockholm, van Renterghem and van Eeden, of Amsterdam, Bérillon, of Paris, and others.

In a large, dark, quiet room several patients—

from three upwards—recline or lie on couches. The physician passes from one to the other, whispering suggestions, so that they can only be heard by the patient for whom they are intended. Having gone to each in turn, he begins the round again, and repeats it, say, half a dozen times. The advantages of this method are far greater than would appear at first sight. They may be summarised as follows :—

1. The suggestive power of imitation. The very sound of a neighbour breathing slowly and deeply, obviously asleep, is worth hours of suggestion from the most persevering physician.

2. The self-conscious patient, who ordinarily is one of the most difficult to influence, is relieved for most of the time of the feeling that he is the centre of the physician's interest.

3. If there are six patients present it is obvious that for every three minutes the physician is making suggestions to a given patient that patient has fifteen minutes' rest, during which those suggestions can "soak" in.

4. The saving of time to the physician is immense, for in an hour he can treat efficiently some half-dozen patients, who taken individually would have occupied about three hours of his time, and been less efficiently treated even then.

Moll, who claims no personal experience of collective hypnotism, allows that it has certain

advantages, but that it cannot be recommended in all cases.

Milne Bramwell, who has tried the experiment, says that it helped him at first, but not latterly. The present writer has increasingly employed this method, and has found it of very great value.

CHAPTER VIII

OTHER METHODS OF PSYCHOTHERAPY

AS has been repeatedly pointed out in previous chapters, hypnotic suggestion is far from being the only method of treatment at the disposal of the psychotherapist. Waking suggestion has been referred to more than once. Some physicians use it skilfully in ordinary practice; many use it frequently, and a great many think they use it both frequently and skilfully. But as many physicians are slow to differentiate between one form of mind treatment and another, it follows that the term "suggestion" is often applied in a loose sense to cover every therapeutic method which is not physical. If we go back to our definitions, we realise that waking suggestion implies the execution of an act, or the establishment of a mental state, on an inadequate rational basis, while the mind is in the alert condition. If we resort to deception there is little difficulty in attaining this end, but fortunately—or unfortunately—deception

is not a recognised method of ethical treatment. We must therefore go to the effusions of the quack advertiser or the wordy rhapsodies of the quasi-religionist to find examples. The man who advertises "I cure fits" may not mean literally that he can cure every case of epilepsy, but he undoubtedly produces by his announcement that impression on the reader's mind. In consequence, the fit victim (in more senses than one), when he swallows the advertised concoction of bromide, is in a wholly different state of mind from that in which he drank an almost identical draught prescribed by his doctor, who was trammelled alike by modesty and veracity. Again, when a doctor is faced with a case of palpably subjective "neuralgia," he may do his best to explain to the patient the power of the mind to produce pain and to banish it, but he would obviously be in a much stronger position if he could vehemently protest that *all* pain is a "false claim." The public demands of the medical profession the strictest standards of truth; it has a right to do so, and it is right in doing so. When a serious diagnosis has been made the patient is entitled, if he ask it, to know whether it is to be life or death for him; and in many other circumstances he should be able to feel that he can rely implicitly on the doctor's word. But the irony of the situation lies in the fact that the doctor is

constantly losing patients to a quack healer of one kind or another, whose whole success depends on his not being obliged to tell the truth. Many a practitioner has felt the bitterness and humiliation of losing a patient whom he could easily have kept if he had but lied as freely as did the charlatan whose cleverness that patient is now extolling through the length and breadth of his practice.

But, apart from downright deception, there are expedients which may be used to promote suggestion, and which are strictly ethical. It is, for instance, perfectly legitimate to say to a patient who is indulging too freely in sleeping draughts that his medicine is to be changed for something he has not had before, and which it is believed will act as well, and, having so said, to order a much weaker draught or even an innocuous placebo.

Then, again, as we have already seen, it is sometimes possible to produce very striking results by diversion of the attention. The late Mr. Joseph Bell, of Edinburgh, was frequently able to perform manipulations which would otherwise have been painful, such as the reduction of a dislocated joint, by telling the patient to gaze intently at some object, and unexpectedly carrying out the necessary movement. I have myself been able to suggest to a patient in great pain and discomfort

from a fatal disease, not only increased sleep and comfort but also the reduction of the habitual dose of morphia—and all this while the patient was working out a problem in formal logic and by no means asleep. With children, waking suggestion is more frequently applicable and more generally efficacious than it is with adults. Psychologically, this is very comprehensible. The child's attention is so much more mobile and so much more easily dominated. His pain impressions are more transient than those of an adult, if he is suitably distracted, and, if he is not, they are much more permanent.

Waking suggestion, then, is one of the most important weapons in the physician's hand, but its successful application needs more skill than almost any other form of psychic treatment ; and while the opportunities of using it incidentally are manifold, it but rarely forms the main line of treatment, unless we include methods such as Bramwell's under the heading.

Another very important and woefully neglected form of psychic treatment may be labelled for our purposes "Mind Drill." The reader will have gathered from the previous chapters that a vast amount of mental ill-health depends on nothing more or less than inadequate thought control. It may be that ill-health or the circumstances of life have broken down the power that once existed

of directing the stream of consciousness. Or it may be that the individual has never been educated in the true sense of the word, and that he has never known what it means effectively to "*determine his own area of consciousness.*"

Modern education has made great strides in many directions; the methods adopted are more scientific, the teachers are better trained; not to have "had a good education" is looked on as a more serious social bar than formerly—but with all this improvement, is the modern boy being better educated? Does he go into the world with more power of controlling his thought-life than his father had when he left school? It is true that the modern boy has been taught more useful things, that he is less burdened with the apparently useless load of unusable knowledge which constituted the liberal education of fifty years ago; but is he, or is he not, better fitted to apply his mind to the next piece of work that comes along? Huxley said that the aim of all true education was to enable us to "do the thing we have to do, when we have to do it, whether we like it or not." We might amplify this by adding thoughts to actions, and, by this criterion, is modern education more or less successful than the old-fashioned article? I trow, less. Be the excuse what it may—parental laxity, or too much science, or anything else—the fact remains that the fashionable

physician of to-day is at every turn meeting with patients whose sufferings are fundamentally due to wrong habits of thought, to inadequate control of their mental activities, to an incapacity to determine their own area of consciousness. These miserable creatures—for they deserve our commiseration—are in general treated on three different lines.

1. They are ordered valerian, or electrical treatment, or a course of Spa treatment, or some other remedy which is ostensibly intended to "strengthen their nerves." If there be a contributory physical factor, some indirect good will probably accrue. If not, the treatment acts as a peg for the curative suggestions of the physician, and some indirect good—possibly much—will result.

2. They are treated by a rest-cure—on the Weir-Mitchell lines—with superalimentation, isolation, and massage. If they improve, it is due to the withdrawal of stimulation, excitement, and irritation, incidental to their ordinary life; but the utter absence of any change which might render them more fit for a normal existence is proved by the grave warning of the physician at the end of the cure—that they must never "overdo it" again.

3. They are treated by hypnotic suggestion. They become calmer and less irritable for the time being, or the aches and pains from which they

suffered may improve ; but here again the good cannot be permanent. The fundamental therapeutic requirement of such people—let the reader bear carefully in mind the class being described—is *re-education*. It is no good making them well for the time being ; it is useless to treat their symptoms ; it is vain to trust to their own powers of recuperation after a spell of protection from the influences to which they will necessarily be exposed when they return to their usual environment. They have to be taught to control their mental activities ; to include in the area of their consciousness whatever they will, and to exclude as far as possible whatever they should ; to keep the threshold of their consciousness high ; to suffer no idea or sensation to dominate their attention.

These things are not attained by physic, or by rest, or even by suggestion. The man who would succeed in an athletic contest cannot be made fit by tonics, by rest, or by massage. He must train. And as it is with muscular control so it is with mental control : graduated exercises, effort against resistance, mental dumb-bells—these are the lines of real cure.

The simplest exercise of this kind is rhythmic breathing. It is an interesting historical fact that the basis of Yogi philosophy and of all Fakirism for the last three thousand years has been breath-

ing control, and that every single "new thought" cult recommended deep breathing as promoting equanimity and self-control. The medical profession has largely prescribed breathing exercises for certain pulmonary diseases, but that is an entirely different aspect of the question from the one at present under discussion. As a form of mental training, rhythmic breathing has been almost ignored by medical men, in this country at any rate, and yet, psychologically, its value is easily demonstrable. Our breathing is usually automatic. Under given physical and emotional conditions it always reverts to a certain type in each individual—that is to say, a certain frequency —a certain length of inspiration, a certain length of expiration, and a certain length of pause. As soon as we endeavour to control our breathing voluntarily, we interfere with the automatic rhythm, and whatever type we aim at—fast or slow, deep or shallow—we must make a sustained, attentive effort to maintain that type and to avoid reversion to the automatic type. Thus, when we ask a patient to breathe slowly and rhythmically we demand no great concentration of his attention, but complete and continuous fixation, for as soon as his attention wanders the rhythm is lost, the breaths become short, and even an observer is at once made aware of the change. It is a matter of common knowledge that under any emotional strain, such as

stage-fright, the breathing becomes rapid, and that if the victim can control his breathing he overcomes his emotion for the time being. Psychologically, this means that if, when an emotion dominates the psychic field, he definitely concentrates his attention upon the respiration, he excludes for the time being the emotional ideas—in other words, when the terrified débutante sets herself to slow breathing, she is forcibly and voluntarily diverting her attention from the cause of her panic. Rhythmic breathing is not necessarily deep breathing, but deep breathing is the most helpful healthful form of breathing from the physical standpoint. It is, doubtless, also true that deep breathing produces certain mechanical changes in the circulation which promote mental passivity. Hartenburg considers that it sets up a certain amount of hyperæmia of the thoracic viscera, with concomitant cerebral anæmia, which latter promotes the onset of sleep.

Rhythmic breathing is, then, the most simple and fundamental form of mind drill. But there are many other forms. Concentration may be developed by any exercise which cannot be done mechanically. For instance, balancing, rapid addition, writing with two hands, observation exercises with or without memory tests, sensory tests—tactile, visual, olfactory, and gustatory. As a simple example let the reader take the column of a news-

paper and cross out all the i's in the column. Three points should be aimed at :—

1. Speed.
2. Accuracy.
3. Ignorance of subject matter.

The first time he tries it he may take over ten minutes, miss a good dozen of the i's and know all about the article when he gets to the end. With a few weeks' practice he will learn to do it in half the time, without making a single slip and without having any idea of the sense of the article —in short, he will have acquired some of the special concentration of the proof-reader. With a little ingenuity dozens of these lessons can be devised and fitted to special circumstances. There are, for instance, scores of mind-wanderers who regularly and unrestrainedly indulge in the vice of introspection when they are walking alone—to or from business it may be. If such an one be set to execute a task in observation every time he is walking the streets, he will find that what sounded simple and puerile is to him more than irksome —intolerably difficult. He may laugh when he is ordered to count the number of taxis with yellow wheels between the Marble Arch and Trafalgar Square, but he will not be in a position to laugh when he reports his first attempt.

It is frequently difficult to persuade the patient that he needs this sort of mind-drill. Particularly

is this the case with those who most need it. The man who has sufficient concentrative power for his work is slow to believe that his thought-control is inadequate for the requirements of mental health. And yet it is often so. The so-called artistic temperament is the most notable example of this condition. When an artist becomes a prey to introspection he must of necessity give up some of those mental habits which he has been accustomed to use in his daily work. All artistic work depends on spontaneous, attentive processes, and therefore the element of expectancy and mobility are favourable rather than otherwise. Non-artistic work depends on conative or voluntary attentive processes. So that the powers of concentration and fixation are essential to success, while the attributes of mobility and expectancy are detrimental. It follows, therefore, that the man of artistic temperament is one in whom the attentive processes are mobile, less concentrated, more easily diffused, more expectant, more easily diverted. He is therefore much more likely to be dominated by organic sensations, and to be the victim of abnormal peripheral stimuli, owing to the slight degree to which he can exclude them.

I am perfectly certain that in many cases the artist must sacrifice health of mind and well-being in order to keep up that mental state in which his best imaginative and creative work can be

done. Whereas the lawyer, let us say, will only work best when he has attained that mental development which is most consistent with freedom from physical fetters and independence of mental activity. It may be urged that a time-table is dull. The whole cure consists in endowing with interest, by voluntary attention, occupations which have previously been dull. If the artist continues to find jig-saw puzzles dull, it follows that he has failed in his duty to concentrate on these puzzles. If, on the other hand, he succeeds by voluntary attention in endowing them with interest, it shows that he is learning to manipulate his own attentive processes in a way that will help him to ignore and exclude from his mental horizon thoughts and feelings, organic or otherwise, which he desires to exclude. The feelings of self-contempt and annoyance which may be induced by the tasks are evidence, not of the unsuitability of the tasks, but of the failure to attain the intended goal. Regularity of working hours is very rare amongst the artist tribe. And that is exactly what one would expect. The artist, from the definition I have given above, lives by inclination and impulse rather than by rule and self-discipline. From the view of producing artistic work he is right, and so long as he has a happy temperament and a good digestion it matters to nobody except his housekeeper. But

if he comes to be a dyspeptic or hypochondriac he must realise that his dyspepsia and depression are due to those methods of thought and life whereby he has done his work and earned his livelihood. I do not maintain that by methods of self-discipline and regularity he would remain as brilliant an artist as before, but he would gain protection against himself when his temperament had begun to dominate him.

Passing now from the subject of re-education, we come to a less obvious and more technical one—that of Persuasion. Professor Dubois has developed a system of psychic treatment which he calls "Treatment by Persuasion." He condemns suggestive therapeutics unconditionally. He aims at instructing the patient psychically; explaining clearly how his mind is contributing to the symptoms complained of, and how it may be brought to dispel those symptoms. In this case the patient's reason is being dealt with directly: it is not being put out of action or evaded, and unquestionably there are many cases for which this form of treatment is indicated. But it will be clear to the reader that it can never replace suggestion any more than suggestion can replace it. Each should have its field, and when the individual's reason is capable of rectifying the psychic error it should be made to do so, but when it is reason that stands in the way of cure,

it must be eliminated to allow suggestion to work the cure. Forel and Dubois have carried on a wordy warfare over this question, but one feels inclined to cry "A plague o' both your houses," for a narrow vision in therapeutics is of all forms of narrowness one of the most deplorable, and it generally betokens ignorance on the part of the aggressor. There are few forms of treatment wholly bad; their badness generally consists in their mistaken application to unsuitable cases by fanatical exponents. Moll's criticism of Dubois' method is that, though explanation and instruction are very valuable, they can be overrated as they have been by Dubois. "Many patients," he goes on to say, "feel flattered when they are told that they will not be treated by suggestion, but that their own intelligence, powers of thought, and will, will be brought into play; . . . his vanity is flattered by the explanatory method." Another form of treatment, hailing, like Dubois', from Switzerland, is Vittoz's system of re-education. The exercises which he gives are well suited to patients whose attentive powers are extremely limited, and in certain cases are very useful, but Vittoz's work is marred by a wholly fantastical theory of cerebral vibrations, a loose classification of the psychoneuroses and an inability to appreciate the limitations of his own method.

And now we come to the newest and most

revolutionary department in psychic treatment. Freud, of Vienna, has for some years been developing a theory of the causation of hysteria. What we may take to be the final form of this theory has been before the world for less than three years. To give a satisfactory résumé of this work would demand more space than it would be possible to give to it, and also a degree of complexity and abstruse technicality wholly foreign to the character of this volume. The reader must therefore content himself with a crude and elementary outline of the main ideas of Freud. To Freud, then, hysteria is the result of a "psychic trauma"—that is, roughly speaking, a mental shock. But to produce the symptoms of hysteria there must be two conditions. First, it must be of a "sexual" nature. Freud uses this word in a special and very wide sense, to include, for instance, family affection and other groups of emotional experience wholly outside the usual significance of the term. In the second place, the shock must "fail to ab-react." An unavenged insult, for example, would be a psychic trauma which has failed to ab-react, or to produce its normal expressive equivalent. Freud holds that this concept, forming with all its associated ideas a "conceptual complex," becomes submerged. In other words, the individual acquires a habit of keeping it out of his consciousness. This leads to splitting of con-

sciousness, and so to all the phenomena of hysteria, including dual personality. The treatment of such a case depends on the discovery of the "submerged complex" and its subsequent ventilation. This process is termed Psycho-Analysis, and as the buried ideas are often far outside the range of the patient's normal consciousness it is frequently a matter of the utmost difficulty. Freud has used three different methods :—

1. Dream analysis, chiefly with the use of hypnotic suggestion to provoke the required dreams.

2. Free association, which is very vague and depends on the ability of the patient to make his mind a receptive blank.

3. Time association. This method makes use of the power of the mind to give an associated idea instantly to ordinary ideas, and its difficulty or hesitation in doing so when the submerged complex is in any way involved. The physician reads over a list of utterly disconnected words, and with the aid of a stop-watch records the number of seconds required by the patient to utter an associated word for each. The process is very long and tedious, but if it succeeds the results are often dramatic and startling. If the reader will once more go back to the working conception of the attentive processes laid down in Chapter V. he will be able to interpret Freud's theory as

follows : An individual undergoes a mental experience of an intensely emotional nature. He prevents it from dominating his attention by an effort of will. Owing to its character it continues to attract the attention, and in consequence a continued effort must be made to keep the attention off it. This wears out the individual's powers of conative control of the attention, and finally the symptoms are developed of loss of that control.

The following example makes the working of the process plain :—

" The case was that of a young lady of twenty-four. For five years she had suffered from pain in the left side of the head, which for eighteen months had been gradually increasing in intensity. When I saw her first, in October, 1909, she was obviously in a state of acute suffering, and was considerably wasted. The pain I concluded to be hysterical, and tried suggestion under hypnosis. She was a fairly good subject, but the result was practically nil, for, though during hypnosis I was able to diminish the torment, it returned as fiercely as ever within half an hour of waking. After thirteen trials with similar consequences, I determined to search further for the actual cause. During hypnosis I told her she would dream of something connected with her illness. On the third subsequent trial she dreamt she saw a glass of water on the table. Her pain was increased

when she was aroused, so that I felt that probably the dream was intimately concerned with it. On following occasions she had other dreams, and at last she suddenly identified the scenes of these, but resolutely refused to give me any more information. Things remained thus for nearly three months, when, owing to my constant reiteration of the fact that I could do her no good unless she gave me her confidence, she at length told me the following history :—

"Rather more than five years previously she had been staying with friends in South Africa, and had at first sight fallen violently in love with a young man who was a frequent visitor to their house. Her hopes were suddenly dispelled only ten days after their first meeting by finding that he was already engaged. At the time when she made this discovery she was suffering from slight neuralgia on the left side of the face.

"When she had finished her recital, she conversed about her experience, and asked me when she should come to see me again, whereupon I told her to let me know how she was in a few days. Three days later she wrote saying the pain had entirely vanished, and that she was quite well. I have not been able to follow up her case, for she left four months later for South Africa, and I have not heard of her since."

It is no easy matter to review briefly such a

newly broken tract of psychic territory, but in general the following criticisms embody the attitude of most competent authorities.

1. The proportion of "sexual" cases may be large, but there are certainly many that can by no possible use of language be brought under this heading.

2. The theory can only take its place as *one* of the causes of hysteria, possibly the most important, but it cannot be taken—as Freud would have it—as the universal explanation.

3. Many cases which are more typically neurasthenic than hysteric in character are due to a "submerged complex."

4. A complex which is well within the reach of consciousness is capable of working much mischief even in a healthy mind.

5. The elaborate technique of psycho-analysis can be dispensed with more frequently than Freud would give us to believe.

6. Freud's work is the epoch-making work of a genius who has not escaped the usual pitfall of the genius—fanaticism.

CHAPTER IX

WHO CAN HYPNOTISE AND WHO CAN BE HYPNOTISED?

THE intelligent reader will by this time have realised that "hypnotism" is not a gift nor yet an inborn power. He may even have come to see the common absurdity of that popular and fallacious view. But, although the art of hypnotising can be cultivated like piano playing or figure skating, there are, as for these, certain personal attributes which render efficiency attainable. The first essential is that the individual should be a qualified medical practitioner. This may seem unnecessary to some, but it means simply this: the layman can only treat symptoms, and the treatment of symptoms only is the negation of the scientific basis of medicine. The layman may be a more expert and successful hypnotiser than many a qualified exponent of the art; he may get better results, he may get quicker results, and yet he has not justified himself. He has only one form

of treatment and *ex hypothesi* knows no other form. He must therefore cure by hypnotic suggestion or not at all, and his treatment must be of symptoms only. The neurasthenic may need hypnotic suggestion or vaccine treatment for a state of auto-intoxication ; the morbid blusher may need treatment by suggestion or a further correction of his astigmatism. What can the layman know of these things? Suggestive treatment is often costly and laborious, and therefore it should be most particularly avoided when it is not known to be indicated and suitable treatment. The harm of unqualified practice lies, not in the failure to get results, but in the risk of applying unsuitable treatment.

Apart from being a fully qualified medical man, then, the hypnotiser should possess a scientific spirit—always observant, always open to conviction, always ready to check fallacious reasoning, and free from prejudice and bias. He should also be possessed of common sense in no small degree—in fact, he needs it more than any other practitioner—and if he can add the saving grace of humour to his other attributes it will prevent his taking himself or his patient too seriously. Furthermore, he must not only be honest, but transparently so, for he is constantly called upon to overcome at one brief interview the prejudice of a lifetime, and unless he is obviously sincere

he will succeed only with those whose opinion counts for least.

Beyond these fundamental requirements there are others hardly less necessary. Wingfield expresses these requirements thus: "A naturally commanding though tolerant temper, considerable human sympathy, and as much knowledge as possible of psychology in the widest sense of the word are qualities which will greatly strengthen the worker in treatment by suggestion."

The question then arises as to who in the profession should use hypnotic suggestion. In this country at present there are a few specialists devoting all their time to the work, and a few general practitioners using the treatment in general practice. As with every other form of speciality, it is desirable that every medical man should know enough, not necessarily to apply the treatment but, at any rate, to know in which case it is suitable. The deplorable ignorance of the medical profession on this subject, and the complete absence of any instruction in our medical schools, limit the number of physicians interested in this treatment to a very few bold spirits, who at the risk of spoiling their practices and incurring the contempt of their colleagues set themselves, after they have qualified, to study the subject and, possibly, to experiment. Under these circumstances a large proportion of doctors who are otherwise well suited

to practice suggestive therapeutics successfully, never come into touch with the subject at all.

When we consider the question of who are best suited for treatment by suggestion, the answer is less simple. Several factors have to be taken into consideration. First of all, however, let it be clearly stated that no man can be hypnotised against his own will.

Most of the authorities agree in general terms about the disposition to hypnosis. Forel says: "Every mentally healthy man is naturally hypnotisable." Forel, Moll, and many others agree that the hysterical are the most difficult to influence. Gerster states that fools are the least susceptible to hypnosis. Krafft-Ebing goes so far as to say that intelligent subjects can usually be hypnotised readily. Bernheim says: "The insane, cases of melancholia, and of hypochondriasis and people of mobile imagination who do not know how to concentrate their attention, those who are entirely absorbed by emotion, whose minds are preoccupied by various ideas—all these oppose a conscious or unconscious moral resistance to suggestion." Moll says: "The sufferer from continual absence of mind can hardly be hypnotised at all. It is specially among the nervous that many of this class are to be found—persons in whom a perpetual wandering of the mind predominates." Milne Bramwell writes:

"Faith alone has apparently little effect on susceptibility. I have failed with subjects who believed they were specially susceptible. On the other hand, I have succeeded with many who were convinced they could not be 'influenced.'" Moll further states: "It is altogether a mistake to consider the disposition to hypnosis a sign of weakness of will. Without doubt the ability to maintain a passive state has a predisposing effect. This is why soldiers are in general easy to hypnotise. The ability to direct one's thoughts in a particular direction is also very favourable. This ability to give the thoughts a certain prescribed direction is partly natural capacity and partly a matter of habit and often an affair of will."

In 1880 Liébeault hypnotised 1,012 persons, of whom 852 went into deep sleep or more. Schrenck-Notzing compiled a census of 8,705 cases from seven different countries, and obtained the following results :—

Refractory...	...	...	...	6	per	cent.
First stage...	...	...	...	29	,,	,,
Second stage	...	...	...	49	,,	,,
Third stage	...	...	...	15	,,	,,

It will be seen from this very valuable table that of all cases about two-thirds get past the somnolent stage. These figures correspond closely with the author's experience, and they go to show that the patients who come with the old-fashioned idea

of a somnambulistic or coma-like sleep are in seventeen cases out of twenty bound to be disappointed because they do not reach it. They should be educated to realise that for purposes of cure it is by no means essential, or always desirable, that they should do so.

We may therefore conclude that, roughly speaking, all sane individuals over three years of age *who are willing to be hypnotised* are susceptible to at least the somnolent stage, and that half of them can be influenced to the second stage. Much depends on the operator and much on the circumstances of the moment. But there are certain qualities in the individual himself which can suitably be dealt with here.

Temperament is of course the most important of the factors which affect susceptibility. Timidity is often helpful and often the reverse. There is no characteristic which should receive more careful consideration from the physician. If he is hesitating or too deliberate, fear will have time to grow into terror, and his work will be rendered doubly hard. On the other hand, a little wholesome apprehension occasionally serves as a positive auto-suggestion, and heightens susceptibility. This is a fact never forgotten by the stage-hypnotist, who generally sets to work on his own trained and hypersusceptible followers and then on a few bona fide but panic-stricken novices.

Self-consciousness is a most troublesome characteristic. It invariably militates against success, and if we think of the psychological aspect of self-consciousness we shall readily understand why. The self-conscious man is studying his own sensations and feelings ; another man may be all too aware of the light in his eyes, and yet another of the noises that reach his ear ; a fourth may fidget because he is uncomfortable or cold, and so on. We may darken the room, we may secure perfect silence, we may ensure the utmost comfort to the patient, but, while these measures will materially help the individuals affected, they do not touch the case of the self-conscious man. The trend of his attention is not to auditory or optical sensations, it is merely inwards to his own mental states and activities ; and therefore that which promotes mental alertness in him is the very thing which only he can influence. To patients of this type collective hypnosis is generally most helpful.

Discipline, as we have already seen, is always useful, both in the form of social discipline (*i.e.*, the habit of obeying others) and in the form of self-discipline. This means, of course, that the patient can without great effort of self-control execute our instructions as to mental attitude, etc. Concentrative power has been referred to already as the factor which, more than any other, favours

easy hypnosis. In fact, the author's experience is that schoolmasters are as a class the best patients and that soldiers come next to them. This confirms once more the utter fallaciousness of the popular view—that "only silly women can be cured by hypnotism." As has been pointed out already, the question of attentive control should largely determine the methods employed by the physician, as those most suited to the man with good attentive control are least suited to the man whose attention is restless, mobile, and ungoverned.

The question of education has already been referred to, and is practically included under the last heading.

The nature of the patient's complaint naturally affects his susceptibility in many cases. If, for instance, he is suffering from psychic deafness, the probability is that he will hear no order and no suggestion given him. If he is suffering from some form of spasmodic twitch, it often happens that the mere effort to induce hypnosis brings on an aggravated attack. An asthmatic is often hard to influence simply on account of the discomfort of the asthma, consequently it is generally wise to make no attempt to induce hypnosis until the attack is over. Patients with morbid cravings, such as the alcoholic, are frequently incapable of genuinely desiring to be cured, and therefore they present a constant barrier of passive resistance

which is very baffling. In such cases the physician should very speedily announce that he is helpless against resistance, and that he does not intend to waste his time and energy on unwilling subjects.

There are few patients who are quite simple and straightforward cases. Most of them offer some difficulty, great or small; sometimes it depends on their complaint, more often on their temperament, but perhaps most frequently on their preconceived prejudice, apprehension, or erroneous attitude. The skill of the psychotherapist must largely be devoted to studying these individual obstacles and dealing with them individually. Routine treatment is, in most branches of the healing art, bad treatment; in psychic medicine it is worse than bad—it is a therapeutic paradox.

CHAPTER X

THE PSYCHO-NEUROSES

THE term which forms the heading of this chapter may be taken as the nearest technical equivalent of that protean, universal, and indefinable disease called "Nerves," the victim of which is popularly described as "neurotic." There are several reasons for the inevitable looseness of these terms.

The first is that the "syndromes," or groups of symptoms which come under the heading, are subtle, difficult to differentiate with exactitude, and constantly present themselves in different groups.

Furthermore, the exact diagnosis and terminology are by no means agreed upon within the medical profession, and even should this ever occur the practitioner will often be glad to have a broad term to adopt instead of committing himself to a too precise nomenclature. It is manifestly outside the scope of the present volume to deal in any scientific or exhaustive way with the pathology of

the psycho-neuroses. And yet it is essential that these diseases should be discussed at some length if we are to grasp the value of suggestion in their treatment. These complaints form the largest and most important field of psychotherapy, for they constitute the borderland between mental and bodily disease. These are the diseases most frequently approached from the physical side ; they offer those remarkable examples of psycho-physical interaction where an organic symptom produces a morbid mental state, which in turn makes the bodily condition worse.

The classification of the psycho-neuroses given by Dubois is as follows :—

1. Neurasthenia.
2. Hysteria.
3. Hysteroneurasthenia.
4. Mild forms of Hypochondria and Melancholia.
5. Severe Disturbances of Equilibrium.

For our purpose we may omit the last group and add Psychasthenia in its place. Mild forms of hypochondria and melancholia may also be omitted, because as psycho-neuroses they only constitute symptoms. Again, hysteroneurasthenia is perhaps the commonest disease of the series, yet being in a mixed form we need not consider it separately. It therefore remains for us to consider in this chapter hysteria, neurasthenia, and psychasthenia.

Hysteria is one of the classical battlefields of medicine ; its nature, origin, and treatment have each been discussed and described beyond their deserts—which means much. Finality has not been reached, and probably never will be, but we may say that there are three main views as to its essential nature. The first holds that hysteria is principally characterised by *multiplicity and variability* of symptoms. The second view takes "suggestibility" as the keynote, and the third seeks the dominant feature in *pose*. Mobius, approaching Charcot's standpoint, lays down that "all bodily changes caused by ideas are hysterical," but this statement is too wide to be accepted for a moment. On the other hand, to define a disease by its variability of symptoms seems hardly scientific ; it suggests a sort of diagnostic waste-paper basket, which—if truth be told—hysteria has long since become. Of the two remaining definitions, suggestibility is rather too broad, for it applies to other conditions presently to be noted. We shall therefore take *pose* as the basis for our conception of hysteria. By pose is meant a dramatic tendency ; a morbid craving for sympathy, admiration, or appreciation ; a consuming desire to be on a pinnacle, to be the centre of interest, to be a hero, or a genius, or a martyr. Briefly, then, this is the keynote of hysteria. As regards its origin, something has already been said

in a previous chapter of the latest—Freud's—theory of its causation. While not accepting this view *in toto*, it may safely be said that pure hysteria is largely, if not altogether, determined by the activity of the individual's generative life, and, in saying this, we are only sustaining the most ancient of all theories, that of the first Greek physicians who gave to the disease its name. Before passing on to the question of its treatment it will be well to examine the nature and origin of neurasthenia in order that we may be able to contrast the two diseases. And here let us remind the reader once more that for the sake of clearness pure types of these psycho-neuroses are being described, although the mixed types are probably the commoner.

As illustrating the divergence of opinion on this subject, too, it may be noted that so eminent a psychologist as Forel doubts the existence of the disease, whereas other authors, such as Hartenberg, seem to include in the term examples of pure hysteria. Blitz defines neurasthenia as "a disturbance of the equilibrium of the whole nervous system in which the generation of nerve energy becomes deficient." Dejerine insists that emotion is the sole cause of neurasthenia, and that prolonged emotion is more often the cause than emotional shock. According to him the most active causative factor in the development of

neurasthenia in the infected, intoxicated, and overworked is the tendency to worry.

If we think of neurasthenia as a synonym for "brain-fag" our conception may be a narrow one, but it will be more exact than many of the loose views now prevalent. Hartenberg makes fatigue the absolute criterion of every neurasthenic condition. This does not, however, coincide completely with the most generally accepted view, for on the one hand fatigue is a symptom of both hysteria and psychasthenia, and on the other hand the neurasthenic is often remarkable for his powers of unexpected endurance, mental and physical, up to a certain point. Let us then say that neurasthenia is the disease of *psychic strain*, and that its most essential characteristic is worry. Worry is, in fact, as truly the keynote of neurasthenia as pose is of hysteria. Ribot gives "joylessness" (anhedonie) as the keynote. Hartenberg generalises "*Le neurasthenique est un triste*," and goes on to explain that this is only "the translation into consciousness of the obscure suffering of the economy." His views, though not wholly acceptable to the present writer, are so brilliantly expressed that they are worth quoting at some length. He gives one primary and two concomitant criteria of neurasthenia, and bases each of these on a physical condition.

1. Fatigue: the perception of the relaxed muscular state.

2. Depression: the reflection of weakness of the viscera and of nutrition.

3. Emotivity: the result of functional irritability of the organs.

Then he goes on to add: "*Ces singuliers sentiments d'incomplétude, de dépersonnalisation, de déjà vu,*" etc.

The reader will have realised by this time that neurasthenia is looked upon by some as physical in origin and by others as psychical. Among the former may be mentioned Weir-Mitchell, Beard, Charcot, Raymond, de Fleury, whilst the psychic origin is upheld by Dejerine, Dubois, Moll, Tuckey, and many others. Unquestionably there are many physical factors which predispose to neurasthenia, but whether any of them are capable of producing the symptoms without the essential factor of psychic strain is another question. Of these physical agents the commonest is auto-intoxication —that is to say, a state of blood-poisoning arising from bacterial infection, generally from the intestines, sometimes from other sources. Another very important factor is eye strain, generally in the form of an inaccurate or neglected correction of astigmatism. But no physical cause will by itself produce true neurasthenia. Hysteria, melancholia, hypochondria may be determined by purely organic causes, but never neurasthenia.

When we turn to psychasthenia we are dealing

with symptoms which are neurasthenic in character, but with a causative factor which is different—namely, heredity. The psychasthenic is potentially psychasthenic from birth. Neurasthenia will lay low the strongest intellects of the day. The results may be the same, the symptoms exactly comparable, the correct treatment may be identical, but there are two great differences : first, what each was before his collapse, and, secondly, what each can be made by treatment. The pure neurasthenic was possibly a man of outstanding ability and mental force ; the psychasthenic may have been a genius or a consummate artist, but he was never endued with mental stamina. By suitable treatment the neurasthenic may be brought to a state of perfect thought-control and mental vigour, but, be the treatment what you please, the psychasthenic will never be any better than he was, and liable to collapse under any moderate psychic strain. Psychasthenia has been aptly defined as the neurasthenia of degenerates. If we now examine the condition of attentive control in these three diseases, we find that in hysteria the essential characteristic is mobility. The hysteric cannot fix his attention. The power of concentration may be moderately good, but it is never sustained. In neurasthenia the power of focussing is exhausted, and the voluntary direction is much impaired ; the neurasthenic can only concentrate with great

effort ; he worries continually—that is to say, he fails to move his attention off a given topic when he has come to the end of all fruitful consideration of it ; he is liable to obsessions which are nothing more than specific and exaggerated worries. Hartenberg says : "This domination of the voluntary attention is one of the most important symptoms of neurasthenia." Wingfield says : "In a large number of neurasthenics the power of concentration is either entirely gone or very much weakened." In psychasthenia we have the attentive control reduced as in neurasthenia, with this difference, that it started from a lower level and can only be brought back to that level. To sum up, then : in hysteria, deficient fixation and exaggerated mobility are paramount ; in neurasthenia and psychasthenia, exhausted concentration and exhausted directive power are more noticeable.

It will be useful at this point to contrast hysteria and neurasthenia, in certain of their aspects, and for clearness and brevity we may tabulate these points thus :—

Hysteria.	*Neurasthenia.*
1. An ancient disease.	1. The modern complaint.
2. The disease of pose.	2. The disease of worry.
3. Weak attentive control.	3. Tired attentive control.
4. Self-centred by choice.	4. Self-centred by compulsion.
5. Morbid craving for sympathy.	5. Often resents fuss and attention.

6. Emotions too easily expressed.	6. Emotions habitually repressed.
7. At heart not deeply interested in the welfare of others.	7. Often intensely affected by suffering of others.
8. An easy conscience.	8. Frequently a morbidly overactive conscience.
9. Often religiose.	9. Often deeply religious.
10. Frequently an undeserved reputation for courage.	10. Frequently an undeserved reputation for "giving in."
11. Desire to recover secondary to a craving for sympathy.	11. Desire to recover paramount, and of tenaggravating the condition.

When we come to consider possible lines of treatment we may group them under four heads :—

1. *Physical*.—With the hysteric as with the neurasthenic everything that makes for bodily fitness is helpful, with one proviso—namely, that all remedies which accentuate the physical source of a symptom must be used cautiously, and not allowed to strengthen the patient's conviction that his symptoms are all of purely physical origin. With the hysteric there is little we can do in the way of specific physical treatment, but it is to be hoped that with the progress of organotherapy it will be possible to influence the basic causes of the diseases much in the same way as thyroid therapeutics have helped us to treat the primary cause of myxœdema. In neurasthenia we have to look for sources of auto-intoxication, such as pyorrhœa, constipation, and so on, as well as strain of sight or hearing.

2. *Isolation.*—This is one of the most important points in the treatment of the psycho-neuroses. The present custom is to isolate all and sundry cases without differentiation or classification. It is one of the weakest points in the weak system of the day. The first question to ask is, "Should the patient's emotions be starved?" Then we should inquire whether we want to remove him from his "gallery," as in the case of the hysteric, or from sources of worry, in that of the neurasthenic; next we should determine whether he should be in an atmosphere conducive to self-expression or self-repression, and, finally, we must settle what risk may arise from increased opportunities of introspection. This point brings us to the next question to be considered—namely—

3. *Rest* versus *Occupation.*—There can be no doubt that rest-cures as such have been grossly overdone. Rest has been indissolubly associated with isolation since the days of Weir-Mitchell, and the natural tendency of doctors, as of other people, is to accept the recognised routine, particularly when it happens to be the least troublesome method. Milne Bramwell very justly says: "In many instances my patients had had Weir-Mitchell treatment before they came to me. The result had almost invariably been a gain in weight, impaired digestion, and an aggravation of the mental symptoms. Isolation had increased introspection,

and the patients, deprived of all outside interests, brooded continually upon themselves and so developed their morbid symptoms. Many of them were intelligent enough to recognise this, and bitterly resented what they felt was mistaken treatment." The occupation of the neuropath during an isolation cure is difficult and well-nigh impossible to the ordinary town physician whose patient is in an ordinary nursing home with ordinary nurses. It demands special facilities as well as special thought and ingenuity, and yet of the many neuropaths who go through a routine Weir-Mitchell cure without any permanent benefit, a large number might have profited greatly had they been suitably occupied. The value of occupation as a measure of psychotherapy can hardly be overestimated, but everything depends on the selection of the tasks and the disposition of the patient's day. It is impossible to enter at length into this very important and much neglected question, but it may be pointed out that the following considerations should receive attention :—

(1) How far is emotion excluded?

(2) How far is the attention held with, and without effort? (Forel emphasises the value of work which is not mechanical in keeping up the "centrifugal concentration of the attention.")

(3) Is any effort of memory involved?

(4) Is there any risk of eye strain?

(5) How far should it be pleasant or otherwise?

4. *Psychic Measures*.—Apart from the measures included under the last two heads, and which refer to the psychic environment of the patient, there are those more direct measures which determine his mental outlook. The hysteric, as we have seen, is always suggestible, but he is also a victim of auto-suggestion. His pose suggests to him bouts of pain or deeds of heroism. It is always for the physician by suggestion, either in the waking or hypnotic states, to determine freedom from pain or persevering application to the common task. But it does not necessarily follow that this is the most suitable treatment. Its very ease might well make us suspicious. The fact is that suggestion as a form of treatment owes much of its popularity and unpopularity to its application in cases of hysteria. The rapidity, ease, and certainty with which hysterical symptoms can be dissipated by suggestion has caused many to boast of it as the one and only treatment for hysteria. On the other hand, the infallible certainty with which the hysteric manufactures new symptoms has made many physicians decry it as useless. The real question is this : Can we by suggestion influence the basic factor—the tendency to pose? And we must confess that in most cases we cannot. Our aim in treating hysteria should not be to suggest

wellbeing or anything else, but to render the patient less susceptible to suggestion. Suggestion, as a cure for hysteria, makes use of one of its principal symptoms—suggestibility. Christian Science as a cure for hysteria makes use of *the* principal symptom—pose. The true cure for hysteria is "the expulsive power of a new affection." Marriage, if it be of the right sort, cures hysteria. Work, if it is of an irresistibly fascinating kind, sometimes does the same. Conversion cures hysteria, unless it be a spurious emotional phenomenon. Christian Science cures the hysteric by substituting a life-long pose of miraculous self-cure for the preceding poses of suffering and martyrdom. But we cannot always provide the enthralling life-work, still less can we count on finding the right spouse, and alas! the miracle of conversion is not ours to command. What we can do is to train the hysteric to control his attention and to "determine his own area of consciousness," and by so doing we can generally infect him with some little desire to control his own thought life and to enjoy the comfort of useful objective existence as opposed to the doubtful joys of a self-centred and subjective life.

Wingfield sums up the situation excellently thus: "Those who do not sincerely wish to be cured, whose symptoms are the results of a hysterical longing for sympathy, or the perverted gratifica-

tion of some obscure desire, are often quite hopeless [cases for hypnotic suggestion]."

With the neurasthenic it is quite different. He requires isolation from sources of worry, rest from himself, which generally to some extent involves light occupation, encouragement to express himself, as opposed to the training in self-repression which we give to the hysteric, and, above all, he needs to be "*unwound*." The typical hysteric is mentally atonic; the typical neurasthenic lives in a state of psychic tension. He is unable to relax mind or body; he wakes in the night to find his fists clenched; he automatically braces himself up when he hears a knock at the door; he is for all the world like the overstrung fiddle-string. I venture to say that in such cases hypnotic suggestion produces results more rapid, more certain, and more permanent than any other form of treatment. In so far as a hysterical element enters into the case, or the patient is psychasthenic, our results will be less satisfactory. Wingfield says: "How far neurasthenia is amenable to suggestion is still a matter of uncertainty. Some consider that it is mere waste of time to apply the treatment to this condition, but others have had good results. I cannot help thinking that much want of success is due partly to the fact that so many cases classed as neurasthenia contain as well a large admixture of hysteria, and partly

to the lack of simultaneous ordinary treatment." But in general it may be accepted as strictly accurate that the element of psychic tension in all neuropathic conditions is amendable in a remarkable degree to suggestive treatment. There is, however, one qualification of this statement. When the psychic tension is due to a submerged factor, psycho-analysis is essential to bring that factor to light, and when this is done the relief of tension is often so great as to render any other treatment unnecessary. (Such was Freud's case, quoted on p. 151.)

We must now pass from the three great psycho-neuroses to a number of minor psychopathic conditions. Some of these conditions exist either separately or as elements in neurasthenia or hysteria. For instance, depression may occur in hysteria as a reactionary phase ; in neurasthenia and psychasthenia it may be a permanent feature ; it may even be the sole symptom of neurasthenia. On the other hand, it may be the beginning of pure melancholia or religious melancholia. The diagnosis of a pure condition of depression is often a most difficult matter, as the curability or otherwise of the condition largely turns on its accurate diagnosis. Dubois, as was mentioned earlier in the chapter, includes in his classification of the psycho-neuroses "mild cases of melancholia and hypochondria," but, for the reasons just given,

the group would appear to be a composite one, including early cases of insanity. In general, melancholia is not amenable to treatment by hypnotic suggestion. The melancholic can generally be hypnotised without great difficulty, and often he goes into a very profound sleep, but his responsivity to suggestions made during that sleep is generally very deficient. It is also questionable whether suggestive treatment does not give the melancholic further food for thought—such as his thoughts are. The hypochondriac, again, may be a neuropath or an early case of insanity. In the first place, his ideas about his body and its ailments partake of the nature of obsessions or imperative ideas, and are more or less amenable to reasoning and persuasion. In the second case they are of the nature of insane delusions, and no amount of reasoning affects their power. Thus the valetudinarian who is the victim of dyspepsia may come to the doctor with the conviction that he is suffering from cancer of the stomach. The doctor explains to him about the usual tests for this disease; a test meal is analysed; the constituents are normal, and the patient is persuaded that he has not got cancer of the stomach and improves accordingly. He is a neuropath, whose mind has been obsessed by a groundless fear; he is open to persuasion as to its groundlessness. On the other hand, the patient

may come to the doctor with the horrifying information that he has a serpent in his stomach which he thinks got there in his sleep. To explain to such an one that his belief is unreasonable and impossible is a waste of time and energy. Nothing but a habeas corpus treatment of the offending reptile will influence him. His is a case of delusional insanity. In the first case the mind was "misdirected and working in wrong tracks," as Forel puts it; in the second case it was incapable of correct work, in one department at any rate, and was therefore diseased. The first case was one of diminished psychic function; the second of disordered psychic function.

Another not inconsiderable group of psychoneuroses is constituted by the phobiæ. A phobia consists in a haunting dread of a vague but imperative character which is recognised by the sufferer to be unreasonable. Agoraphobia is the fear of open places; the victim will walk round two sides of an empty field rather than cross it alone, or he will not be able to cross the street unless he is in company of some sort—it may only be his umbrella—but company he must have. Claustrophobia is the converse: the fear of enclosed spaces. The sufferer will get up and open the drawing-room door immediately after being left alone. "Siderodromophobie" is the cacophonous, though etymologically precise, term

given by a French writer to the fear of travelling by train. This is perhaps the commonest of all phobiæ. It takes various forms, but there is always the element of shame and martyrdom attached to it. The public have no idea of the prevalence of this complaint, as the subjects of it generally try to conceal the nature of their affliction by pleading train sickness, etc. The writer once saw four cases in one day, and the varieties of the complaint may well be illustrated by reference to these four cases.

Mr. A. is a business man of about forty who has been exposed to excessive strain both in business and domestic affairs. For twelve years he has not been able to travel by train alone. His wife accompanies him to the city and fetches him back every day, otherwise he must make a much longer journey by omnibus. No one in his office knows of his weakness, and a great part of his life is spent in concealing it. Even in his wife's company he cannot enter an ordinary railway carriage, but only the open cars of the underground railways.

Mr. B. is a music teacher of about fifty, and his occupation necessitates a good deal of travelling. For two years he has only travelled in the guard's-van, and nothing would induce him to enter a tube.

Mr. C. is also a business man, about forty,

years of age. He can enter and leave the train at three stations on the underground, none of which happen to be the stations he would ordinarily use. Neither in company nor alone could he enter or leave a train at any other station. Like the two previous cases, he is otherwise fit for his work.

Miss D. is a charming and accomplished lady of twenty-five. Shortly after a severe attack of influenza two years ago she travelled by herself in an express train. A slight attack of palpitation, such as she had suffered from since the influenza, came on, and she experienced a sense of vague apprehension at her lonely and isolated position. Since then she has always chosen the slowest trains available, feeling relatively secure if the train were a stopping one, but petrified if it were an express. None of her family has the slightest inkling of this condition, and she is otherwise fit and well.

It will be seen from these cases, which are fairly illustrative, that all sorts of points about railway travelling affect individual "phobiques." The common elements are the vague terror, the recognition of its groundlessness, the struggle to overcome it, the shame, and the torture.

Nosophobia is another most distressing complaint, which affects doctors and nurses more commonly than others. It consists of an unreasoning terror of contracting an infectious disease or of conveying it.

Dr. E. is an able but too conscientious practitioner. After visiting a case of measles, let us say, he will wash his hands with elaborate antiseptic precautions. He puts on his coat and is about to leave the house when the horror seizes him that he has contaminated his coat. He goes back, and, to the amazement of the family, asks to wash his hands again. When he gets home he instantly changes all his clothes and orders the servants to burn them.

Mrs. F. is an unstable and erratic woman of fifty. She refuses to shake hands with any one if she can possibly help it ; she uses an antiseptic pad with which to open the door. Every night her maid sterilises in a large steam steriliser every garment and book, every utensil and article which is likely to be in use the following day. She recognises the folly of all this and admits that her life is not worth living. Apart from this phobia she is as sane as many another society woman.

For all the phobiæ without exception hypnotic suggestion is the indicated and only treatment.

An obsession is an idea which dominates the victim's mind. It differs from a phobia only in that it lacks the apprehensive element. Hack Tuke called these "imperative ideas," and the French term them "*idées fixes*." Ribot aptly describes an obsession as a "chronic hypertrophy of the

attention." It consists in an idea which has not only more power of attracting the attention than any other idea, but also the power of attracting the attention and holding it against the individual's effort. Thus a fixed idea is the absolute, and attention the temporary, predominance of a concept or groups of concepts.

Precisionism is one form of obsession. Mr. G. is a successful and able lawyer. As he enters a room he instantly notices a picture hanging awry. If he does not forthwith adjust its position, he is incapable of attending to any conversation or business until he has done so. If he sees a book lying on a table, his impulse is to move it into a mathematically correct position—parallel to the edge, it may be. If he sees a looking-glass, he must take the opportunity of adjusting his tie, and so on.

Mr. E. is obsessed by numbers. He counts the figures on the wall-paper, calculates the number in the room, divides them by three, and so on—everything goes to numbers.

The victim of a phobia or obsession is almost always—and not unnaturally—haunted by the feeling that he is going off his head. It is therefore of primary importance to differentiate clearly between this insanity of a sane mind and the insanity of an insane mind. The great dividing line is the recognition on the part of the individual,

of the unreasonableness of his ideas. The insane man acts logically in accordance with his delusion ; the sane man resists as far as he can the very intrusion of his imperative ideas. In the one case the machine is worn out or injured and will probably get worse ; in the other case the machine is uninjured and is merely working out of gear. Delusional insanity is recognised to be unaffected by suggestion, even in its earlier stages ; obsessions are almost invariably treated with success.

CHAPTER XI

THE TREATMENT OF ORGANIC DISEASES

In a previous chapter it was pointed out that the difference between "organic" and "functional" disease is of the nature of a sliding scale. What we really mean when we style a disease or a symptom functional is that we, at the present stage of scientific advancement, are unable to associate it with a corresponding morbid alteration in the physical condition of the individual. For instance, paralysis may depend on various causes. A paralysis produced by apoplexy is termed "organic," because we can, after death, expose the very artery that has ruptured, and demonstrate the consequent destruction of brain tissue. A hysterical paralysis is called functional because, with our present knowledge of morbid anatomy, we can lay our finger on no recognisable change in the brain tissue which we can exclusively and constantly associate with this condition. The progress of medical science consists largely in the

transference of disease conditions from the functional list to the organic category. For the sake of simplicity we shall use the words "functional" and "organic" in this chapter in their usual, albeit somewhat loose, signification—as representing, in short, mind and body. Our task is therefore to investigate the bodily conditions in which mental influences are of practical therapeutic value.

The scepticism which prevails upon this question depends on a simple fact. Our minds as a rule leave the economy of the body alone, and it is carried on in an automatic way. The regulation of digestion, circulation, nutrition, and so on, proceeds automatically in the normal individual under normal circumstances. We all admit that at a certain point psychic influence can make itself felt, but the point at which that occurs depends on the individual. A may retain his perfect digestion through interminable worry, while B suffers acute discomfort from the most trifling kind of annoyance or anxiety. In other words, conscious thought influences subconscious processes at a point which varies according to the state and temperament of the individual. The hypnotic sleep and the various stages which separate it from the fully conscious condition affect the position of this point, so that we may generalise that mental influence may be brought to bear on physical processes by putting the individual artificially into

a state which in this respect resembles an emotional condition. Or, in other words, in regard to bodily functions, what worry can impair, suggestion can repair. It is therefore obvious that in a great number of diseases suggestion can contribute the whole, or a part, of the required curative force. Some general considerations on this subject are contained in Chapter II ; in the present chapter we shall inquire more specifically into the various organic conditions amenable—in whole or part—to psychic treatment. But it will be well to recapitulate certain points very briefly. Many illnesses are partly physical and partly psychical. In some a bodily complaint has produced a mental condition which prevents that complaint from yielding to ordinary treatment. In others a psychic condition has caused an organic symptom. In the latter the psychic element is primary, in the former it is secondary. In every case where a primarily organic condition produces psychic symptoms it is essential to alter the treatment. The man whose dyspepsia has " got on his nerves " is not only not cured by gentian and soda but he is actually made worse by the manifest failure of drug treatment. Psychic measures are therefore entitled to a place in the treatment of such conditions as soon as they begin to develop a psychic aspect. The " major ætiological factor " of every vicious circle requires the first

consideration in treatment. Clouston's words must never be forgotten, "The brain cortex regulates absorption, secretion, and vascular tone," *i.e.*, nutrition, glandular activity, and the circulation are amenable to psychic influence. Moll says, "In many organic diseases the functional disturbance which we usually consider the symptom of the organic disease, extends much further than the direct influence of the organic lesion justifies." Hufeland points out that "even in cases of real sickness we must carefully distinguish between the illness and the feeling of being ill." And Moll says again, "I am convinced that every neurologist—nay, every experienced physician—has had in his own practice to deal with patients who, after having been treated locally, or even operated on by some specialist, for this or that other complaint without success, showed at once favourable reaction when subjected to the proper psychic treatment."

There are four chief headings under which we may group the action of psychotherapy in bodily diseases, viz., Pain Perception, Reflex Action and Co-ordination, Circulation, Secretion. Pain is a symptom which it is often difficult to deal with, because the patient is convinced that it is due to "something wrong" in his body. If the physician proposes to deal with it by psychic treatment he feels that a slur is being cast on his mental

stability. "Doctor, you say that this is all imaginary, but I *know* it isn't." To the patient there is nothing between an "imaginary pain," which at once suggests to him a hysterical girl, and a definite local injury or disease. To persuade such an one that although the pain is real it yet needs mental treatment, is a hard task. Mitchell sums up the situation excellently: "The employment of suggestion for the relief of pain is that which appeals to the public more than any other, but at the same time the subjective nature of pain is made a hook on which the sceptical knowing ones will proudly hang the rags and tatters of their primitive psychology, while they confidently declare that pain so relieved must have been purely imaginary. It is useless to try to convince them that pain is necessarily always a mental thing, and that even if it has no physical basis it is always real to any consciousness that feels it."

The following passage from a German author illustrates this point well:—

"Let us take as an example the case of a person suffering from a painful ulcer on the leg. The patient feels severe pains at a particular spot in the leg; he also feels that the pain is of the particular kind caused by a peripheral affection. The local affection is then removed by amputation, and yet long after the operation, often years after, the patient experiences a sensation of pain in exactly

the same way that he did before. Does irritation of the nerve stump at the place where the amputation was performed explain this? Certainly the patient *thinks* he feels the pain at the same spot as before, and not in his heels or his toes; but that is better explained by central reproduction of the pain than by peripheral stimulation; and this view is quite in accord with many other psychological experiences, for mental processes primarily set up by peripheral stimulation acquire a tendency to be reproduced centrally."

Betts Taplin has reported a most interesting case, similar to but more remarkable than one recently treated by the writer:—

"A gentleman, aged sixty-six years, had for some eighteen months suffered attacks of gastric pain with increasing frequency, which were increased by taking food. Nothing could be discovered to account for this, and nothing could be made out on careful palpation; very little relief could be obtained by treatment, and he began to lose flesh and strength markedly, in addition to which the attacks became more continuous, but there was only vomiting occasionally. Malignant trouble was suspected, and it was at length decided to settle the diagnosis by operation, with the result that a cancerous growth, involving the posterior surface of the cardiac end of the stomach, was discovered. This being inoperable, and, of course,

therefore, hopeless, nothing could be done further than to endeavour, as far as possible, to relieve symptoms and await the healing of the wound. No alleviation followed (as occasionally happens), and it became necessary to inject morphia each night at least in order to relieve pain and procure some sleep. The wound was fairly healed in about a month, but, as he was steadily losing ground, and suffering much, I resolved to try what hypnotic suggestion would do towards smoothing the way to the inevitable end. The result exceeded my expectations. After the first sitting he was much easier, and slept fairly without his morphia ; after the second, the pain disappeared for three days, and returned (not severely) just before the third sitting ; after that it passed away altogether, leaving slight discomfort after food only. As the sittings continued, even this disappeared ; he was able to take solid food with comfort, his old-standing troublesome constipation passed away, he slept well nightly, and began to gain strength and to put on flesh, and is now, three months after I began the treatment, eating and digesting ordinary food with ease, to all appearance in good health and weighing two stones heavier ; nothing but a little weakness in the back after his long suffering and illness remaining. What the end of this case will be time alone can show. In any case, whether it is one of cancer or not, hypnotic sug-

gestion has done more for him than I believe any other treatment could have done.

" It is worthy of note that when this old gentleman first submitted to suggestive treatment, it was, he assures me, without the slightest hope that it could possibly give him the slightest relief, whatever it might do in other, purely imaginary, ailments."

Every physician who has employed hypnotic suggestion can record many cases in which pain has been reduced almost by magic, but at the same time the reader must remember that many cases of severe pain will not yield to suggestion, and that in others suggestion is not the most suitable treatment. Patients suffering from sciatica frequently apply for treatment by suggestion, but it is questionable whether the psychotherapist is justified in treating them by suggestion until the ordinary methods have failed. Pain, after all, is often one of Nature's warnings, and its obliteration may be considerably easier but yet less important than the treatment of the underlying condition.

When we pass to the reflexes and co-ordination, the most obvious cases are seasickness, " nervous diarrhœa," constipation, " nervous dyspepsia," asthma, and " enuresis nocturna." In all these cases an element, if not the chief one, is the irritability of the nerve centre, which in response to a sensory impulse sends out too sudden or too

powerful a motor impulse ; it is therefore easy to appreciate the possibility of successful treatment by psychic means. Within a short space of time the writer treated by hypnotic suggestion three ladies, all of whom described themselves as exceedingly bad sailors. The first had three sittings, sailed for India and reached Bombay without the slightest discomfort, although the passage was bad. The second came and returned from India with only one day of discomfort and no sickness. The third, who had had a fortnight's regular treatment, reached Jamaica after an exceptionally stormy voyage with only one attack of sickness, and that due to engine smells rather than the boat's motion. The following case, reported by Peddie, is of double interest.

" Mrs. S., in the autumn of 1906, suffered from an attack of influenza, which entirely upset her nervous equilibrium, more particularly that of her bowels. From that time up to January of the present year she had gradually been getting worse and requiring increasing doses of morphia without receiving any benefit whatever. On the morning before coming to see me she had had ten motions, and had used three suppositories each containing half a grain of morphia.

" She was unwilling to give up the use of the suppositories, and it was only by refusing to take her case in hand unless she did as I wanted

that she consented. She proved a good subject from the first, and I suggested four motions a day until she returned to see me, merely specifying that one should be at 8 a.m., and another at 9 p.m., with the other two at any time she felt the desire. This suggestion was accepted, and by gradually omitting one motion I got her down to one a day.

"I also suggested that she would not suffer from the withdrawal of the morphia, that her stomach would always be able to retain her food, and that she would not feel as though 'her bowels were going to tumble out.'

"When she came to me she dared not walk a hundred yards for fear of upsetting her bowels, but after the third treatment, instead of waiting two hours for the motor-'bus to take her to the station, three and a half miles distant, she walked the whole way, and did so ever afterwards. She was completely cured, and I told her to tell her doctor not to give her any morphia for a long time; but very shortly after she had ceased coming I got a note from her husband saying that she had developed muscular rheumatism, and the first thing the doctor did was to pull out his hypodermic syringe and give her an injection."

The treatment of constipation by suggestion is generally most satisfactory. One of the best methods is to suggest that when the patient brushes

his teeth in the morning he will become aware of the necessity for an action. The following case is quoted by Forel :—

"A young lady came to me, as she had heard that I had cured cases of constipation. She had suffered for years from this. For the last two years her sufferings had become intolerable. She took rhubarb regularly, and also used enemata, but in spite of all remedies, which were continuously increased, she only succeeded in obtaining one motion a week with difficulty. She had tried everything in vain. I hypnotised her in my demonstration course before the students. She went to sleep at once. Touching her abdomen through her dress, I then gave her the suggestion that her bowels would henceforth be stimulated by the action of the nervous system. I told her that there had only been a sluggishness of the bowels, and that this was now dispelled definitely and permanently by the regulating of the nervous apparatus. She would have a motion every second day at first. This would take place regularly early in the morning, on getting up, and would be spontaneous and independent of all artificial means. The desire to go to stool would make itself felt while she was dressing. The whole hypnosis did not last five minutes, and then I awakened her. She had become very markedly suggested already by seeing the results in the other

patients. She returned to me after a week, and told me with great pleasure that she had had a motion without any assistance almost every day, early in the morning, since the hypnosis. She had not changed her mode of life (she had previously been inclined to ascribe her constipation to this), which was that of a seamstress. The suggestion had therefore been exceeded by the result. I hypnotised her once again, and suggested to her that she would have a daily motion, early in the morning, as punctually as a clock, and that the cure was complete ; and this was so—at least, she has remained cured up to the present."

An interesting case of nervous dyspepsia is given by Lloyd Tuckey :—

"Miss L., aged thirty-two, consulted me in February, 1889. She had suffered more or less all her life from indigestion. She was very thin, and her complexion was yellow and spotted with papules of acne. She complained of constant pain over the epigastrium, which was tender on pressure, increased by food, and accompanied with 'sinking' heartburn and palpitation. Her circulation was deficient, and she had always cold hands and feet ; there were frequent headache and neuralgia, generally in the frontal region. She slept badly at night, and was troubled with uncomfortable dreams. She felt languid and despondent, and had no aptitude for setting to any occupation.

Her condition was becoming worse, and she had been under all sorts of medical treatment for her digestion since childhood. Her teeth were sufficiently good for mastication, the bowels were constipated, and the tongue was moist but furred. There were no symptoms pointing to disease of any organ, and it was evident the malady was purely functional.

"She was hypnotised and the second degree of hypnosis was induced. In this condition the stomach and abdomen were rubbed and warmth suggested. Comfortable sleep and improved appetite were promised, together with regular action of the bowels, and general increase of strength and energy. The patient was on a very rigorous diet, and this was somewhat modified and enlarged. Improvement in her condition became visible after two or three days, and the treatment was repeated daily for ten days, and then at longer intervals for a month. At the end of that time she was better than she had ever been previously. She slept well, ate with fair appetite, and enjoyed life. The improvement has been maintained, and the morbid condition seems permanently cured."

Asthma is one of the most interesting of diseases, in that no two cases are exactly alike, and yet they all have the same essential feature. Asthma is fundamentally a self-suggested condition. The

patient is so frightened of having an attack that he brings it on at a given signal. The asthmatic is like a mine that will explode when a certain fuse is fired ; in one case the fuse may be the east wind, in another it may be gastric acidity, in another the presence of a cat in the room, and so forth. The treatment of asthma which omits a direct and powerful psychic element is a treatment at which medical science a generation hence will scoff. The following case of Forel's is of considerable interest :—

" Patient E., aged thirty-eight years, suffering from asthma, complicated by emphysema and bronchitis. He had been ill since 1875. He was admitted into Eichhorst's medical clinic in 1888, with orthopnœa, forty-four respirations to the minute, etc. The lower limit of the lung was the seventh rib on the right side and the seventh intercostal space on the left side. The cardiac dullness was absent, and no apex beat could be felt. He had been constipated for five days. The hospital treatment consisted in pneumatic applications. The result was only transitory. Later on he got attacks every day. In spite of all internal remedies (he was treated with chloral, iodide of potassium, etc.), he became steadily worse.

" He came to me on December 15, 1889. His condition was as stated above. Constipation had lasted from six to ten days. He looked very ill,

wasted, and ashen. He could not sleep without chloral.

"I hypnotised him on December 15th, 16th, and 19th, and at first got him to do without the chloral, and obtained normal sleep, appetite, and a motion every second day. After this he was handed over to one of the students for further hypnotising in the out-patients' department.

"On February 15, 1890, the patient was completely cured, and when seen five months later was still quite well. The limits of the lungs had receded to the sixth intercostal space. The apex beat of the heart could be distinctly felt, and the cardiac dullness had increased materially. His bowels were open daily. He looked well. No further attacks of asthma had taken place.

"Towards the end of July, 1890, patient E. was taken with pleurisy and fever. This, however, was got rid of without any recurrence of the asthma occurring. The suggestive treatment passed successfully through this stringent test."

Sir Andrew Clark looked upon asthma as a nettlerash of the bronchial tubes, and for a working hypothesis there is no better conception. If we think of a person who blushes not in the cheeks with bashfulness, but in the bronchi with apprehension of a suffocative attack, we shall be able to explain to ourselves the onset of many an attack

of asthma in some unfortunate asthmatic friend. Brugelmann shows that many attacks of asthma are caused by the patient's belief that he cannot breathe; the patient awaits with anxiety the moment for the attack to appear, and this anxiety brings on the attack. A powerful diversion of the attention may sometimes suffice to diminish the intensity of the attack. Saenger says, "Clearly there must be one underlying factor which, with the help of various exciting causes, is responsible for attacks the characteristics of which are strikingly uniform. . . . When the conscious or subconscious memory of a former catarrhal condition is suddenly stirred, bronchial congestion and secretion follow. . . . Attacks of asthma are further encouraged by the want of objective reasoning faculties from which asthmatic patients suffer." But the subject of asthma is such a wide one that the reader must content himself with the remarks and quotations above, though doubtless many questions will arise in his mind with regard to it. One point, however, is worth a passing reference. Asthmatic or neuropathic parents often have eczematous children who in turn grow up to be asthmatic. While the child suffers from eczema he has no respiratory trouble; as the eczema passes he becomes subject to attacks of asthma. The connection is a strange and mysterious one, showing that even a cutaneous eruption

may have its psychic factor. Hay-fever is a condition so similar ætiologically to asthma that it hardly requires separate action. The following case, however, reported by Peake, is of interest :—

"W. E., aged thirty-six. Previous history : Bad attacks of hay-fever since the summer of 1887 ; 1888 and 1889 being his worst years. The attacks generally began about the second week in May. He served with the Yeomanry in South Africa from February, 1900, to June, 1901, during which time he was quite free from attacks. The only remedy that gave him relief, and that only temporary, was pollantin. At the first sitting he slept very lightly, and nothing was attempted in the way of suggesting a remedy. At the second sitting he slept very lightly, and suggestions were given of dryness of the membrane of the nose, throat, and gums, no sneezing, no irritation of the nose, the nerves becoming dead and not responding to irritation. The third sitting was unsatisfactory, owing to the patient refusing eye strain. At the fourth sitting I induced sleep by using a bright mirror, and gave the suggestions as before. The patient came seven times in all, and was quite cured. It is two years since this patient came for treatment, and he has never had another attack of hay-fever."

Passing now to diseases of co-ordination, the

obvious and common example is stammering. If there is one trouble more than another which is treated without science and without sense it is stammering. It is hardly too much to say that there is no recognised medical treatment for it ; doctors send stammerers to self-styled curers, knowing little or nothing of the methods to be employed ; the curers almost without exception work on what we may call the nursery principle, *i.e.*, they assume that a speech centre has to be trained, that a mechanism has to be developed. This is a fundamental error, for the stammerer has a perfectly developed speech centre. What happens with the stammerer is that he has acquired a habit of allowing his attention to fall upon the speech production, and it is this attentive interference with an act which ought to be automatic which constitutes the essence of all stammering. Now the stammerer-curer educates his pupil to speak deliberately, precisely, and with continuous attentive effort. The results are excellent as far as speech is concerned, but what about the patient's thought-life? When he resumes his normal existence he finds that as soon as he gives his whole attention to a conversation he begins to stammer and that he can only keep up his artificial freedom from stammering by attending as little as possible to what he is saying, and concentrating on *how* he is saying it. Moll says, " Many stammerers

only stammer when they think they are going to stammer, but can speak quite well when they do not think about stammering." Hypnotic suggestion, especially with deep hypnosis, is the only rational treatment for all stammerers.

Passing now to the conditions which come under circulation, we have among others blushing, functional tachycardia (palpitation), asthma (which has already been referred to under reflex conditions), mucous colitis (which also comes under the heading of secretion).

Several references have already been made to morbid blushing, one of the trifling ailments that can make its victim more heartily tired of life than many a serious disease might do. Though this condition is often very easily cured by suggestion, it must be remembered that many cases are due to eye strain, and in these, of course, new glasses and not hypnotism are indicated. The morbid blusher is *ex hypothesi* cursed with exaggerated self-consciousness ; he is therefore often hard to hypnotise, and represents a group, previously referred to, of those who can much more easily be treated collectively than singly. Tachycardia is a normal condition with all of us when we are exposed to an overwhelming and exciting emotion. When an individual begins to suffer from palpitation for less and less reason, it is time that psychic measures were taken to reduce the irritability of

his heart-centres. The following case of Lloyd Tuckey's is typical :—

"H. L., twenty-three, consulted me in November, 1888, complaining of palpitation on exertion and on lying down at night, shortness of breath, giddiness and frequent attacks of fainting coming on without any warning. Examination of the heart revealed no organic disease, and all the organs seemed healthy. She had suffered a good deal of anxiety of late, and this was apparently the cause of her illness. She was treated on general principles with iron, nux vomica, digitalis, etc., but she made little or no progress, so in January, 1889, I suggested hypnotism, and soon induced the third degree. She began to improve almost at once under suggestions, directed to the overaction of the heart, and after ten operations, spread over a period of three weeks, was relieved of all her symptoms."

Mucous colitis is a disease of which we hear a good deal nowadays. It has a bacteriology of its own, a vaccine therapy of its own, every watering-place has its special system of douches, and every electrotherapist has his own views on its treatment. To tell the truth, colitis is becoming a sort of modern and new-fashioned asthma, a disease about which such diametrically diverse views are held that one is inclined to think there must be a concealed factor in its causation which

is falsifying the inductions that are made. We have, indeed, in colitis an element of apprehension and anxiety which restrict it as a disease of the neuropathic. The writer once treated a lady who had for this trouble undergone the following edifying programme of treatment :—

1. Change of air for three months.
2. Ten weeks' rest-cure (result, loss of 2 oz. in weight).
3. Diet-cure.
4. Endless drugs.
5. Curettage.

Gastro-enterostomy was also proposed and earnestly advocated by the surgeon, but—mercifully—not performed. The patient was cured by hypnotic suggestion, and has remained not only perfectly well after three years, but has continued to gain vigour and strength steadily.

Of the diseases which come under secretion, we have already dealt with asthma and colitis, but there are many others that might be mentioned. Diabetes is one of the diseases of the neuropath. There is no treatment for it agreed upon by the profession (a starch-free diet being, of course, palliative and not curative). The following remarkable case treated by Lloyd Tuckey is reported by Francis :—

" My mother, aged eighty-one years and seven months, has suffered for more than thirty years

from obstinate constipation. During the last fifteen years she has had glycosuria, and has kept strictly to a diabetic diet. Of late years she has suffered from time to time from a severe paroxysmal cough. During the last few years the constipation had become so serious that it was a grave menace. Almost every conceivable form of treatment was tried, and the most drastic remedies were of but little avail. The glycosuria began as more or less typical diabetes (thirst, wasting, pruritus, carbuncles, etc.), and in spite of a strict diet the amount of sugar remained persistently very high.

"Last October she consulted Dr. Lloyd Tuckey for the constipation, and he treated her by hypnotic suggestion. After the second visit she had a natural motion for the first time for many years. Since then, during the last nine months the bowels have acted regularly and well, although she has not taken any purgative except a little senna-tea, which she takes at bedtime, and was told would be sufficient.

"In November Dr. Lloyd Tuckey treated her in a similar manner for the cough, which at that time was very distressing, resembling whooping-cough in the violence of the paroxysms. After one treatment the cough entirely disappeared.

"Having met with such success, it was proposed that the glycosuria should be similarly attacked,

particularly as the patient suffered from double cataract, and an operation was not considered advisable on account of the large amount of sugar in the urine.

"In order to test more correctly the value of the treatment, the quantitative analyses were made by an independent chemist.

"The following are the results. The first analysis was made before the first treatment for the glycosuria, and may be taken as representing the average antecedent condition. The subsequent analyses were made of urine passed on the second day after each treatment. The patient remained on the same diabetic diet throughout :—

Date.	Grams per 100 c.cm.
February 27, 1908	8·3
March 6th	5·6
March 25th	5·3
April 3rd	8·0
April 16th	6.3
June 4th	3·12
June 13th	1·11
June 18th	2.2
June 26th	1.4
July 4th	0·71

"On July 9th iridectomy was performed by Mr. L. V. Cargill. Healing took place rapidly and without any complication, and the coloboma gives greatly improved vision."

Finally, the following list of diseases, based upon

the opinions of the best recognised authorities, will give the reader a general idea of the wide possibilities of psychotherapy. It must always be borne in mind, however, that psychic treatment depends on individual conditions more than does any other form of treatment, and that in consequence the list merely represents the possible suitable applications of psychic treatment.

The psycho-neuroses, including hysteria, neurasthenia, psychasthenia, phobiæ, obsessions, night-terrors in children.

All kinds of pains that have no anatomical cause, *e.g.*, headaches, neuralgia, etc.

All kinds of sensations of nervous origin, *e.g.*, itching, ringing in the ears, etc.

Various kinds of local spasm, tics, *e.g.*, spasmodic wry-neck, writer's cramp.

Functional digestive disturbances, *e.g.*, sea-sickness, constipation, etc.

Stammering.

Enuresis nocturna.

Disorders of the catamenia.

All conditions dependent on lost or enfeebled inhibition.

CHAPTER XII

DISEASES OF LOST INHIBITION

THE conditions to be referred to in this chapter form in many ways, and certainly from a sociological standpoint, the most important group of diseases amenable to psychic treatment, comprising alcoholism, drug addictions, and sexual perversions.

Before beginning the discussion of these conditions it will be well to revive our ideas in regard to habit. A habit is an action which in the first place is performed as a voluntary action with the necessary elements of sensation, perception, discrimination, volition, and execution. As the habit is repeated the association between the first and the last process is gradually made stronger and stronger. The element of discrimination goes first, then volition, then perception. The nail-biter, to take a very obvious and very important example, begins by feeling some irregularity in a nail ; he becomes aware of the fact, decides that the only

weapon available at the moment is his teeth, determines to remedy the condition by biting, and finally does so. After this act has been performed a number of times the individual ceases to reflect on the means to be used to attain his object, then in process of time he no longer requires to make any effort of will to secure action, and later still the action occurs without conscious perception. Now it is obvious that the process has gradually lost its conscious element and become purely subconscious. In its inception it has three conscious phases; when it has become a fully developed habit it retains only the two subconscious phases. In other words, the attentive element has become less and less until it is performed "without thinking," which does not mean without thought, but "without conscious thought" or "without attention." From this it will be clear that the individual's responsibility for the act is unequivocal at the beginning, and that it diminishes steadily until we can hardly call him responsible for it, any more than he is responsible for shutting his eyes at the approach of an object likely to injure him.

This being the case, it follows that the treatment suitable for a bad or vicious habit varies according to the stage of development of that habit. In the first instance we endeavour to show our nail-biting schoolboy what will happen to him if he

persists in his newly acquired trick—*i.e.*, we try to introduce a new element of disgust and apprehension into his discrimination. That having failed, we try to stimulate his will-power by threats and later on by actual punishment, but when this is of no avail it becomes senseless cruelty to continue the castigation, as the boy is obviously performing the act too easily or too mechanically to be capable of inhibiting it. At this stage suggestion is required, in order that we may influence the subconscious associations and increase the resistance of the associative track leading from the sensation to the execution.

With this conception clearly in our mind we may begin by discussing morphinism as the most typical drug addiction. The morphinist begins by being given morphia for some painful condition. He experiences the peculiar exhilaration, the peace, the stimulation of the imagination which has seduced so many before him and which has been brilliantly described by many authors. De Quincey's "Confessions" and Kipling's "Bridge Builders" contain accounts which help the outsider to sympathise with the morphia-addict. The patient's judgment then becomes distorted and he begins to argue that he is in a condition which demands morphia, that another dose will steady him, that he will do better work if he has just one more injection, and so on. Gradually he loses

all sense of danger and of responsibility, and at the same time he becomes increasingly dependent on the drug. Without it his digestion is painful, his breathing becomes rapid, palpitations follow the least exertion, his hand trembles, and so on.

Now in treating morphinism two aspects have to be borne in mind.

1. It is a bad habit and should be treated like all other bad habits.

2. The actual physical pain and distress caused by withdrawal is never slight and sometimes excruciating.

As regards the first aspect, our duty is to use every weapon of persuasion during the early stages, and when the reason and the will can be still worked upon. Unfortunately, however, it is very seldom that the morphinist comes under the doctor's care at this early stage. Then, when we are satisfied that the habit is well established, we must look to hypnotic suggestion for the real, permanent, and practical line of treatment, but not without considering the degree of pain that withdrawal will cause. To use hypnotic suggestion alone is rarely successful and generally cruel, as there are few cases in which suggestion will satisfactorily remove the craving and obliterate the distress at once. The treatment known as the "combined method" was devised by the writer to meet this twofold need. The patient is put

into a comatose or semi-comatose condition by the administration of powerful sedatives, and thereafter, when he is free from craving, hypnotic suggestion is used to abolish the habit path; suggestions are made to associate all uncomfortable sensations with a desire for, let us say, black coffee, and at the same time it is suggested that in future any form of opiate will produce restlessness instead of peace, malaise instead of comfort, and sometimes even vomiting. The following case from my own experience is interesting :—

An unmarried lady of about forty suffered from phthisis; by her experience of cough mixtures she had acquired the craving for morphia, and used to take it hypodermically in doses of about five grains a day. Withdrawal was unusually easy, no sedatives were called for and hypnotic suggestion employed alone. It was suggested among other things that morphia in any shape or form would produce instant sickness. About six months later the patient had a severe hæmorrhage, and the nurse immediately proceeded, without giving her any option, to inject morphia. The patient vomited severely within a few minutes.

What has been said of the morphia habit applies to other drug addictions: cocaine, chloral, sulphonal, cannabis indica, etc. But when we come to alcoholism the case is rather more complex.

In the first place alcoholism is generally a social and not a solitary vice. This means that the patient, after an apparent cure, will continue to be exposed to temptation. Now when we have cured the ordinary drug addict we need not fear temptation from without: with the drunkard it is different, so that restraint and prolonged protection from temptation must enter into our calculations in certain cases. Again, there are various forms of alcoholism, and their treatment cannot therefore be alike. The chronic inebriate or steady soaker is the victim of a habit, and he should be looked after by the community. The true dipsomaniac is the victim of an impulsion which disregards temptations or opportunities, restrictions or punishments. His vice is a solitary one; he is as independent of social conditions as the morphinist; he will get his alcohol whether it be easy or hard to obtain when the craving impels him. The community is not therefore responsible for the true dipsomaniac in the same way as it is for the chronic inebriate. In dealing with the latter our legislative methods seem as far removed from the requirements of modern science as they well could be, and that for the following reasons:—

1. Until a man is "incapable" or grossly disorderly his condition does not interest the police. Our lawyers would say that he is not "com-

mitting any offence against society." Therefore we smile and condone.

2. The "first offence" is reproved and condoned. It is already too late to do much good to the victim of this habit, but, at any rate, it would be better to do something when the drunkard is actually in dock.

3. As the offences and consequent appearances in the police-courts become more frequent the punishments become more and more severe, but as a matter of fact there is less and less blame to be imputed to the drunkard each time. Therefore as the blame becomes less the sentence becomes more severe, and therefore partakes increasingly of the nature of cruelty and decreasingly of the nature of discipline.

4. The nature of the punishment is unscientific. As the drunkard "gets into his cups" and his reason becomes more and more dulled he loses all sense of the logical consequences of his actions, but these go in the following order : (*a*) altruistic considerations—*e.g.*, home and family ; (*b*) social and financial considerations—*e.g.*, disgrace, business losses, imprisonment, fines ; (*c*) physical considerations—*e.g.*, subsequent gastritis or corporal punishment. It follows, therefore, that corporal punishment—to wit, flogging—will act more potently as a deterrent than any other form of chastisement.

From the above it must be manifest that our punishment of the chronic inebriate is wrong both in incidence and character. Wrong in incidence because it misses the only occasions when it would be likely to do good; wrong in character because it does not make the strongest appeal to his animal nature. If the drunkard were treated on the lines indicated above there would be small need to provide treatment for incurables—but that treatment could only be on the lines of detention and hypnotic suggestion.

The true dipsomaniac offers an entirely different problem; he should be treated as a psychopath from the beginning. He should never be punished except in so far as ordinary inebriety becomes superadded to his mania. He should be treated by hypnotic suggestion from the first, and should be kept in touch with a physician or dispensary to whom he can apply for further treatment as soon as the craving—if ever—reasserts itself. Restraint is generally quite unnecessary, protection from anxiety and worry being more necessary than protection from convivial temptations. There are, however, certain forms of dipsomania which are considered to be of epileptic origin, and are said by Coriat to be unsuitable for suggestive treatment. The author's experience, however, makes it impossible for him to accept Coriat's findings on other important points,

if not on this. Milne Bramwell's statistics are as follows :—

Treated	76
Recovered	28
Improved	36
Failed	12

Quackenbos gives the following figures :—

Treated...	400
Cured	320
Failed	80

(Including those that have not been traced, or stopped treatment, etc.)

Bérillon maintains that 70 per cent. are curable. Tokarsky has cured "nearly 80 per cent." out of 700 cases. Woods has reported nearly 70 per cent. of cures. These figures compare favourably with those of well-conducted retreats, and when it is remembered how much more rapid, simple, and economical the treatment is, one is bound to reflect on the relative value of the two.

The following case reported by Astley Cooper is of particular interest in demonstrating the value of suggestive treatment when ordinary retreat methods have proved useless :—

"I. W., alcoholic, aged fifty.

"*Previous History*.—I. W. came to me in September, 1908, with a history of alcoholic excess

extending over some twelve years. He had been twice to the Institute, with little or no result. The alcoholic habit was almost continuous with exacerbations.

"During the first five months of residence here I. W. was treated on the usual retreat lines—that is to say, he was not allowed out without permission, and was given such drug treatment as to restore his physical and mental condition. During this time, while being quite apparently anxious to live straight, the desire for alcohol, or rather for its results, was ever present, and he felt that life without it was very unendurable, and whenever he was allowed any liberty he seemed totally unable to resist the temptation to drink, and always to excess, being always full of remorse next day, and quite willing to acknowledge his fault and atone for it; only, however, to repeat it at the next opportunity. He was first hypnotised on March 31, 1909, at his own request, after seeing benefit received by his fellow-patients from hypnotic suggestion. The hypnosis was very light at the first two or three sittings, and then became deeper with subsequent suggested amnesia. Beyond the suggestion of amnesia to follow the hypnosis no experimental phenomena were produced or attempted. Suggestions against alcohol were given after the first sitting and towards the strengthening of his recognition of the fact

that all his failures, troubles, etc., were the result of alcohol. I suggested that alcohol never gave him any real satisfaction and that he now knew this ; that he would cease to think of it as anything but a rank poison ; that he would realise that in trying to induce him to give it up his friends were only doing so because it was killing all the best part of him ; that free of alcohol he was a capable business man and a pleasant companion ; that intoxicated or under the influence of alcohol in however small a degree he was unable to control his mind or body and was a source of danger to himself and others. I gave him sittings three times a week at first for about a month, and then reduced them to twice a week in the second month, and now he is having one sitting a week, with occasional misses.

"*Result*.—Complete change has taken place in this patient's attitude towards alcohol ; instead of always talking about it and thinking about it, it rarely enters into his thoughts and more rarely into his conversation. During the past two months he has twice been away, staying in hotels for a week at a time, and had liberty to come and go as he liked. He has never touched alcohol once since the first hypnosis, nor, he says, has abstinence been due to any conscious effort on his part."

Of course the detention of a drunkard in a

retreat is a psychotherapeutic measure, but the indirectness and slowness of it would seem to be often unnecessary from a consideration of the above figures. The fact of the matter is that in this country, where alcoholism is perhaps a greater economic disease than anywhere else, the scientific study of alcoholism has not been applied to therapeutics. We hear a vast deal about the pathology of the inebriate and the psychology of the drunkard ; political parties make much capital of the measures they propose to adopt to reduce by perhaps 1 per cent. the temptations of the tippler, but for concerted and scientific treatment of the whole question we look in vain. In Russia dispensaries have been established for the treatment of alcoholism by suggestion, but then Russia is governed by an autocracy which can entertain a proposal of scientific legislation. Any reform in our country must recommend itself to the inebriate class or it will not become law, and therefore the views expressed above must for ever be beyond the range of practical politics. To sum up the whole question of treating the problem of alcoholism :—

1. The child must be treated—

(*a*) If he comes from a drunkard's home he should if possible be removed, but in any case be educated with special care.

(*b*) If he shows bad habits, such as nail-biting, he should be looked on as a potential drunkard and treated by suitable methods both of education and psychotherapy.

2. Obvious intoxication should be treated as an offence, without the additional "incapacity."

3. The true dipsomaniac should be carefully discriminated from the ordinary drunkard.

4. Punishment should be of a corporal character.

5. The severity of the punishment should be on a diminishing and not on an increasing scale.

6. Punishment should, at a certain point, give place to detention with treatment by suggestion, and it should never be forgotten that the central object in all treatment by suggestion ought to be, as Milne Bramwell puts it, "the development of the patient's control of his own organism."

APPENDICES

APPENDIX I

INSOMNIA AND AUTO-HYPNOSIS

THE cases of insomnia are too numerous and complex to be dealt with in this volume. It will suffice to say that a number of these cases depend on no organic cause—toxic, circulatory, etc.—nor on any sensory disturbance, such as chronic pain, nor yet on any definite emotional derangement, but merely on a pyschic habit of attentive unrest. The moment the light goes out and the head touches the pillow the victim of this form of insomnia feels peculiarly alert ; each thought that enters his mind seems to have another one following it ; his attention is held momentarily by every concept of an interminable series ; he seems incapable of fixing his attention, and therefore his consciousness never becomes diffuse.

A great deal can be done to break this habit ; generally it can be completely cured. Usually I hypnotise the patient on several occasions first,

but if this is impracticable it may be dispensed with, although success will be then less certain.

I instruct the patient to choose any moment of the day when he is most sleepy. Generally an insomnia patient becomes very sleepy after dinner, or it may be after luncheon. He should lie down flat in an absolutely comfortable position, making sure that his extremities are warm, and that there is no unnecessary noise or light to disturb him. He should then relax every muscle in his body: it is a good plan to lift the head and each extremity in turn and to let them fall back on the couch or bed by their own weight. He should next begin to breathe deeply, regularly, and gently, not violently as if he were trying to develop his chest. The inspiration should take from three to five seconds, then he should hold his breath for an equal period, and then expiration should take as long. When he has done this for perhaps ten minutes he should choose a restful picture and concentrate his whole attention on it, developing the visual image until it stands out with vividness in his mind. In five more minutes he probably feels drowsy, and after practising this daily for a week he may actually fall asleep. As soon as he has succeeded in putting himself to sleep under favourable conditions he may make the attempt under what are to him the most unfavourable conditions—namely, when he has gone

to bed. The next step is to add auto-suggestion to auto-hypnosis. To do this, the patient, as soon as he has relaxed, repeats to himself mechanically a brief formula of suggestion. This formula should not be repeated with attention ; the less the patient thinks of what he is saying the better—it is, in fact, quite the reverse of "willing oneself to do a certain thing." The formula should refer to some simple act, as, for instance, the time at which he will wake. Some patients are helped by staring at the formula written on a card. As soon as the formula has been repeated, say, twenty times, the patient puts it out of his mind, attends to his breathing, and then in due course passes on to visualise. When he has successfully suggested to himself some simple act he may pass on to make suggestions dealing with sleep—*e.g.*, "To-night I shall sleep from eleven to seven." The process needs much practice and considerable patience, but it has proved of great value to many, and it is well worth a trial by the victim of simple insomnia.

APPENDIX II

THE LEGAL ASPECT

SOME twenty years ago Du Maurier wrote a novel called "Trilby." The plot turned on the diabolical power of a clever but unscrupulous Jew to hypnotise and keep in an hypnotic condition a beautiful singer whom he exploited for his own ends. The book caused a good deal of talk and hypnotism was recognised by its numerous readers to be an occult power of almost unlimited range and of great value to the criminal. The conception it offered of hypnotism was wholly misleading, but there can be no doubt that a certain amount of the prejudice existing in this country is due to that book.

The power of hypnotic suggestion, as has been shown in previous chapters, is strictly limited, except in a very few "hypersusceptibles." In the case of most people it is hard enough to get the patient to execute an unpleasant or even very

unusual order given under hypnosis, much less one that is counter to his moral sense. A few cases are on record of hypersusceptibles who came under the influence of criminals, but the more one sees of hypnotism the more sceptical one becomes of the complete innocence of the subject so influenced. Extensive investigations have been carried out with regard to the criminal possibilities of hypnosis and suggestion, but it must be admitted that they are unconvincing. Murders committed in the physician's consulting-room with a paper-knife or an unloaded revolver mean very little, for the subject is never entirely cut off from his environment ; he is dimly aware all the time that it is mere *opéra bouffe*. Furthermore, the subject submits willingly to suggestion, conscious that he may safely let himself go and do all that the experimenter may suggest, whereas it is to be presumed that the innocent victim of a criminal hypnotiser endeavours, albeit unsuccessfully, to resist the suggestions of his "Svengali."

The following cardinal points are given by Forel, requiring consideration in all such problems :—

"1. The degree of the individual suggestibility.

"2. The lasting power of the action of the suggestion in the brain of the hypnotised.

"3. The strength of the hypnotic education or training.

"4. The depth of the sleep [which diminishes

the power of resistance of the normal mind by dissociation, and is of special importance in the activity during the hypnosis itself].

" 5. The adequate nature of the suggestion—*i.e.*, the adaptation of the desired action skilfully and powerfully suggested, or, in other words, the psychical action of the hypnotist.

" 6. The normal individuality of the hypnotised —*i.e.*, the standard and kind of his ethical and æsthetic disposition, his power of will, his education, etc.

" 7. The momentary psychical condition of the hypnotised, etc.

Liegeois, one of Liébeault's disciples, has made a special study of the criminal possibilities of hypnotism, and he has inclined to treat the subject more seriously than most investigators. Tamburini also gives considerable weight to these criminal risks. But the consensus of opinion among modern authorities is that the dangers, if dangers there be, are exaggerated and to some extent fanciful. Lloyd Tuckey gives a very interesting example :—

" I have never gone so far as to suggest criminal acts to my subjects, and I should regard such a course as very objectionable ; but I have suggested lines of conduct opposed to the disposition of the patient, and I have generally seen the order ignored or very partially obeyed. For instance, I suggested

to a brother Mason whom I had hypnotised some scores of times, and who is one of the best subjects I have ever seen, that he should tell the secrets of the craft. He became extremely disturbed, and vigorously protested that nothing would induce him to break his oath in such a manner."

Schrenck-Notzing gives the following summary of crimes which can be committed under hypnosis or by its aid :—

" 1. Crimes committed on hypnotised persons and those committed with the help of hypnotised persons (posthypnosis) are almost entirely limited—

" (*a*) To sexual misdeeds.

" (*b*) To the dangerous abuse of hypnotised persons (public shows, the exhibition of the mysterious).

" 2. Suggestion in waking condition possesses a medico-forensic importance, which has hitherto not been realised to its full extent. For—

" (*a*) It is capable of causing persons who are mentally perfectly normal to give false bona-fide sworn evidence.

" (*b*) It can impel persons who are especially susceptible to suggestive influence to commit criminal acts.

" Generally speaking, criminal suggestions are not dangerous for normal individuals with well-developed moral resistance ; but, on the other hand, the following fall an easy prey to it :

childish, psychopathically inferior, hysterical, psychically weak, ethically defective individuals, in whom the possibility of resistance is diminished by a feeble cultivation of the moral balance."

One of the more practical questions connected with hypnotism and crime lies in the influencing of patients to favour the hypnotising physician in their wills. A famous and now classical case was that of Dr. Kingsbury, and I cannot do better than quote Lloyd Tuckey's account of it :—

"In July, 1898, there was a sensational law case in which I was subpœnaed to give evidence. Dr. Kingsbury, of Blackpool, was appointed executor and residuary legatee under the will of an old lady patient. The son, as heir-at-law, disputed the will on the ground of undue influence, and it was alleged that the doctor had hypnotised the patient and by hypnotic suggestion had got her to make the will in his favour. The charge entirely broke down, and Dr. Kingsbury won the verdict.

"It came out in the evidence that Mrs. Howard was on bad terms with most of her family, including the plaintiff, that she was greatly attached to Dr. Kingsbury, and that he had been very devoted in his attendance on her for more than ten years, and was her confidential adviser in all her difficulties. They used to talk a great

deal about hypnotism, in which she knew he was much interested, and in 1894 she asked him to try to hypnotise her, as she suffered from sleeplessness.

"Dr. Kingsbury consented to try, though he told her he did not think hers a suitable case. He was seeing her daily, and every day for three weeks, in the presence of her maid, he endeavoured to influence her hypnotically. But the attempt failed, and he fell back upon ordinary treatment.

"Mr. Carson, Q.C., laid great stress upon the number of times Dr. Kingsbury hypnotised his patient, and the jury was asked to imagine the old lady lying helpless under his suggestions. Sir Edward Clarke, however, was able to put a different complexion on the matter, and the jury decided for Dr. Kingsbury.

"In this case it was evident that hypnotism was introduced to prejudice the jury, and it is quite possible that had Dr. Kingsbury's position been less established at Blackpool he might have lost his suit. An interesting feature of the case was the evidence of Sir William Broadbent, who was called by Dr. Kingsbury. He was a member of the Hypnotic Committee of the British Medical Association, whose report is given on p. 372,[1] and he expressed in court his continued adherence to

[1] Lloyd Tuckey: "Treatment by Hypnotism and Suggestion."

the opinions therein set forth. Under French law the legacy would have been invalid, for in France medical men are not permitted to benefit from wills of persons under their care."

The question of this legacy was made by the claimants to turn on the one feature of hypnotism. But one is inclined to ask whether Dr. Kingsbury was the first medical man to receive a legacy from a devoted and grateful patient? Had there been no hypnotism in the case there would have been just as much resentment on the part of the disappointed relatives, but no litigation. Quite recently a business man, referring to his father's devotion to the family physician, said to the writer: "Dr. —— could get a thousand pound cheque out of dad easier than I could get a fiver." It is, in fact, absurd to put down to hypnotic suggestion all undue influence exercised by a medical man. An unscrupulous physician, unless he be peculiarly tactless, can work up the affection of his patients to an unnecessary and undesirable pitch, and could if he liked use this affection for his own financial interests. The doctor who pays many unnecessary visits, or embarks on obviously useless forms of treatment in a purely commercial spirit, is making use of suggestion for his own ends. There is little difference between this and securing a legacy. It is not the use of hypnotism that is the crux, it is

the character of the physician. The fact is that the public does not realise how completely the patient is always in the hands of the medical adviser, be he psychotherapist or old-fashioned family practitioner, and that the absolute integrity of that adviser is the essential basis of thoroughly satisfactory relations between doctor and patient. If the doctor be unscrupulous, it matters little what methods he adopts to enrich himself—to procure a hundred-guinea legacy by hypnotic suggestion is equivalent to insisting on an unnecessary hundred-guinea operation, with this difference only, that in the first case the patient's life, at any rate, is not imperilled.

We may therefore conclude that the use of hypnotic suggestion is by no means necessary to the unscrupulous physician who desires to exercise an undue influence over the patient in his own financial interests.

Another legal aspect of our subject is the possibility of procuring evidence by hypnotic suggestion, and conversely of evidence being vitiated by the prior suggestions of an implicated party. As regards the former possibility, it is difficult for any one who has had much experience of hypnotism to regard the suggestion seriously. Certainly in a very few cases it might be possible to elicit from an unwilling witness information which might give a useful clue, but the reliability

of any evidence so elicited would be more than doubtful, and would constitute the very poorest class of evidence available. It must be allowed, however, that the converse proposition is less impossible. Given a criminal who was an expert hypnotiser, given a witness whose evidence might be damning, given the opportunity of hypnotising that witness, and given the necessary degree of acquiescence—given all these conditions, the felon might do something by suggestion to cover his tracks, but more than that one cannot say. One thing, at any rate, is certain—namely, that if such a thing were possible no amount of legislation against hypnotism, such as has been called for by a few writers, would in any way alter the situation.

It has frequently been urged that an Act should be passed to prevent the use of hypnotic suggestion by others than qualified medical men. Doubtless this would be a step in the right direction, but in the present utterly inadequate state of legislation regarding medical practice it appears to the writer a very secondary necessity compared with others.

An unqualified person can treat a patient with electricity in any shape or form ; he can extract his teeth under cocaine or gas so long as he does not call himself a dentist ; he can treat cancer by prayer alone, and cause the only possible chance

of recovery to be lost by delay; he can, if he calls himself a bone-setter, "set" a tuberculous joint with such violence as to determine death from generalised tuberculosis in ten weeks;[1] and, finally, by the most blatant lies and the most misleading advertisements he can make a fortune over a worthless nostrum, or, worse still, by indiscriminately pushing a medicine which has not even the merit of being innocuous; and this he does, mark you, with the apparent, if not real, guarantee of the Government attached to the bottles. The actual privileges of the medical profession as secured to it by law in Great Britain at present are as follows:—

1. To use the title of "Doctor."
2. To give evidence in medico-legal cases.
3. To sign death certificates.
4. To vaccinate.
5. To recover fees.

This being the state of affairs, it would surely be inopportune to press for legislation on the question of hypnotism, when so many more urgent medical matters demand the attention of our lawgivers. I venture to say that the unqualified practitioner who uses hypnotism is capable of doing less injury to society than many another charlatan is doing in the name of "special treatment" every day and in every town in the land. None the

[1] An actual case in the writer's experience.

less he should not be allowed to enjoy his liberty of action.

We may then conclude that for practical purposes the whole subject of hypnotism has but a distant connection with jurisprudence and legislation, and that there has been much exaggeration in the medico-legal aspect of the subject.

APPENDIX III

OBJECTIONS

IT will be convenient to group together the various objections to hypnotism which are frequently encountered, and to answer them in the light of what has been said in the foregoing chapters.

1. *It is "wrong" to use hypnotism.*

The moral and religious aspect of mental treatment cannot here be entered upon, although this objection must ultimately be dealt with upon these lines. The statement is curiously reminiscent of the mental attitude of a large proportion of the lay public, during the forties and early fifties, towards the use of chloroform. One feels inclined, however, to ask how a form of treatment can be intrinsically wrong which has again and again, and more consistently than any other line of treatment, broken the fetters of the alcoholic and set free the victim of morphinism? Again, it is beyond question the most hopeful and probably

the *only* hopeful treatment for the "phobique" and the obsessionist. Must they be condemned to unceasing torture because a prejudiced Church understands very incompletely, if at all, the modern scientific use of suggestion?

2. *The patient refuses to "give up his will" because he is sure that this will "weaken" it.*

(*a*) If the patient has a strong will he will probably be able to put himself into a hypnotic state without anything more than guidance from the physician.

(*b*) The patient's will can be "strengthened" or "weakened" with equal ease.

(*c*) The physician's aim is always to increase the patient's own control of his mental and bodily life.

(*d*) It is rarely, if ever, possible for the hypnotiser to insure the performance of an unusual and disagreeable act under hypnosis.

(*e*) The dislocated mental organisation cannot be reduced to its normal state against resistance, any more than the dislocated joint can be reduced against resistance.

(*f*) The best patients are the truly strong-willed who are reasonable; the worst are those who mistake their obstinacy for strength of will (those who have so little will-power of any sort as to be unable to fix their attention upon any subject. Imbeciles cannot be hypnotised).

3. *There is a danger that the patient may never wake.*

Not a single authority of any standing admits this danger if the hypnotiser be at all competent. It is the most groundless of all the popular fallacies.

4. *The doctor says, "I have never seen any good results."*

Would we see any good results from the surgical treatment of appendicitis if we only called in the surgeon when other treatment had failed? Would we see good results in our sanatoria if we only sent in the patients with high temperatures and hæmoptysis? Would we see good results from the operative treatment of cancer if we experimented with all the new specifics before we had recourse to surgery? And yet the present state of affairs with regard to psychotherapy is just this. The psychotherapist rarely sees a case that has not been through all forms of treatment; he is regarded as the right person to treat "impossibles"; his waiting-room is a convenient waste-paper basket to which his professional friends relegate the more pronounced of their failures. And in spite of all this a good proportion of the "impossibles" *are* cured, and if there is anything to be wondered at, it is that they should be cured at all. The very men who say they have never seen any good results from psychotherapy are those

who complacently congratulate themselves over the neurasthenic cured by a three months' rest-cure who might have been cured in as many weeks by suggestion. When medical students receive instruction in psychotherapy all this will be changed. Doctors will then be able to recognise the cases that would do best with suggestive treatment, and instead of "impossibles" only the psychotherapist will have more promising material to deal with.

5. *The effects are transient.*

True, the beneficial effects of suggestion are often transient in those cases that derived no benefit —even momentary—from any other form of treatment. Also it must be allowed that in many cases where a temperamental flaw has to be overcome the benefit tends to disappear, but the fault lies in the disease, not in the treatment. Furthermore, there is no form of treatment which lends itself better to repetition. The drunkard may feel cured at the end of three weeks' treatment, but he is not. He should return for sittings once a fortnight, then once a month, for perhaps a year or even more; but is this any argument against the value of hypnotic suggestion in the treatment of alcoholism?

6. *It only does good in imaginary complaints.*

Supposing hypnotic treatment were only of use in imaginary diseases, would the field be a narrow

one? Would these cases yield more readily to physical treatment? Is there any reason why a disease of the imagination should concern the doctor less than a disease of the skin or the eye? And if " imaginary diseases " are indeed amenable to psychic treatment, why waste time with other forms of treatment first?

Suggestion is not a panacea, but it deserves a very important place in our scheme of treatment. The objections which are raised so frequently to hypnotic treatment are all attributable to the imperfect comprehension and appreciation of the subject. With further enlightenment, both of the public and of the profession, prejudice and objections will vanish.

APPENDIX IV

CONCLUSIONS

THE reader who has perused this volume with any degree of care will have formed his own conclusions, but it may none the less be of use to summarise some of the main contentions of the preceding chapters.

1. Suggestion, both waking and hypnotic, together with all other methods of psychotherapy, has great possibilities for good.

2. The complete absence from all our medical curricula of instruction in this department is mainly responsible for the limited use, occasional lack of success, and latent prejudice connected with it.

3. All forms of faith-healing, including cures by worthless nostrums or placebos, depend on suggestion.

4. Mental treatment influences certain organic conditions as well as functional states.

5. So-called "imaginary diseases" require treatment as much as "real diseases."

6. Hysterical patients are not specially suitable subjects; soldiers and professional men are the best. Ninety-seven per cent. of normal individuals were hypnotisable by Liébeault.

7. The subconscious mind, so called, refers generally to a psychic state rather than to a region of the mind, and that psychic state is the fundamental requirement for ordinary suggestive treatment.

8. Hypnotising is an art, not a power, and can be cultivated by any one who has the necessary qualifications.

9. Neurasthenia is the disease of worry; hysteria the disease of pose; while psychasthenia is the neurasthenia of those temperamentally predisposed.

10. The hysteric as a rule needs re-education rather than suggestion; the neurasthenic generally needs suggestion.

11. In the treatment of bodily ailments the following processes in particular are likely to be influenced: pain perception, reflex movements and co-ordination, circulation, secretion.

12. In the treatment of alcoholism, dipsomania must be carefully distinguished from ordinary inebriety.

13. In the treatment of drug addictions it is

generally necessary to obliterate the craving by physical means before employing suggestion.

14. The medico-legal aspects of the subject have been largely exaggerated by a few writers.

APPENDIX V

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